

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8 S	NO.	2	2	9	(
DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
MAY	8,3	, 19	83	10:	42
AGE (IN YEARS LAST	BIRTHDAY	IF UND	DER I YEAR	IF UNDER	24 H

CL.		REGISTRAR				CERTIF	ICATE OF DEA		0	REG. NO.		ha ha	9 0
R		CEASED NAME	FIRST		MIDDLE	-	Kosman	czews	DATE OF DE	ATH MOI		AY YEAR	2b. HOUR
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	3. SE	Fema	le	RACE	uc.	S. DATE C	BIRTH 3 ^{AY} 19	03	AGE (INYEAR	S LAST BIRTHDA		IF UNDER 1 YEAR	HOURS MIN.
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medicol	160 4	VAS DECEASED EV	VER IN U.S. ARMI	ED FORCES? WAR OR DATES)	I SOCIAL SEG	URITY NO.	Derale	lla	k 211	ADDRESS 8 E.G	bune	days	2e212
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jury, or of	z			ONDITIONS CC	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE O	RCONDIT	ION GIVE	N IN PART I	10.
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rem 18 sh		21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATUR	E OF INJURY IN	ITEM 18 PA	RT 1 OR PART 2)	
rked or 1	MEDICAL	WHILE NO	T WHILE	21e PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE.	, FARM, ETC)	21f. LOCATION STREET		c	ITY OR TOWN		COUNTY	STATE
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JT: If hem		22W SIGNATURE	use	alè	atal	1.		ENDING YSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	۷ <u> </u>	5	3/83.
RTAN		22d. PHYSICIAN'S		(9		22e. ADDRESS	CHUR	CH HOSE	PITAL	M CC	RPORAT	TON
0		LIAL VE	R IMPAGL	TATEL 1				BROAD					

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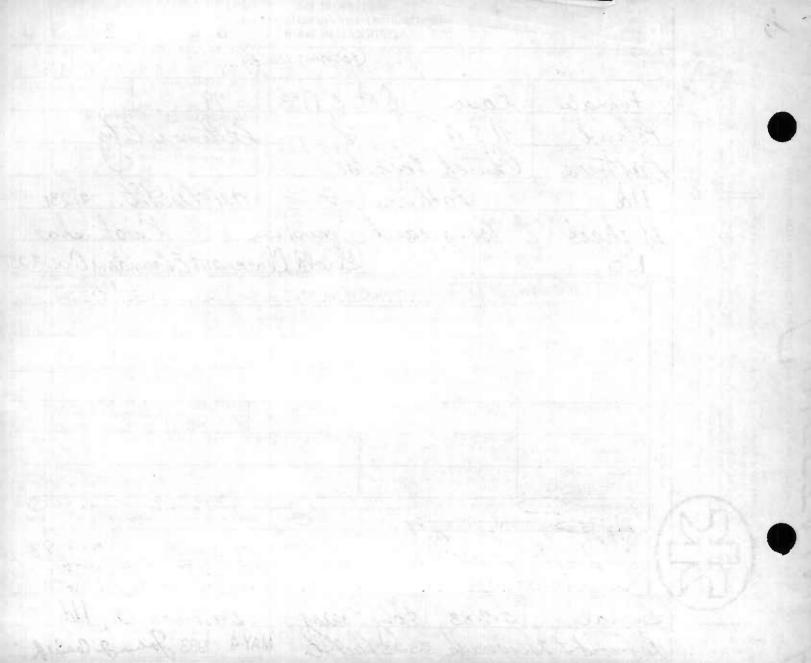
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE

24 FUNERAL DIRECTOR

STATE



ADDRESS

Anatomy Board

Balto., Md.

STATE OF MARYLAND

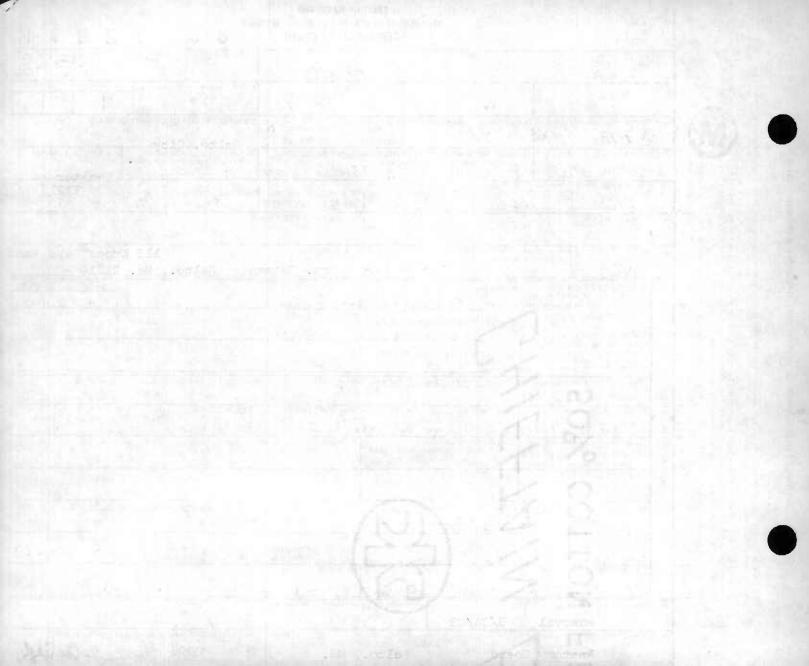
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)



1101 É. North Ave.

FOR

- STATE

DHMH - 16 50M 4/B2

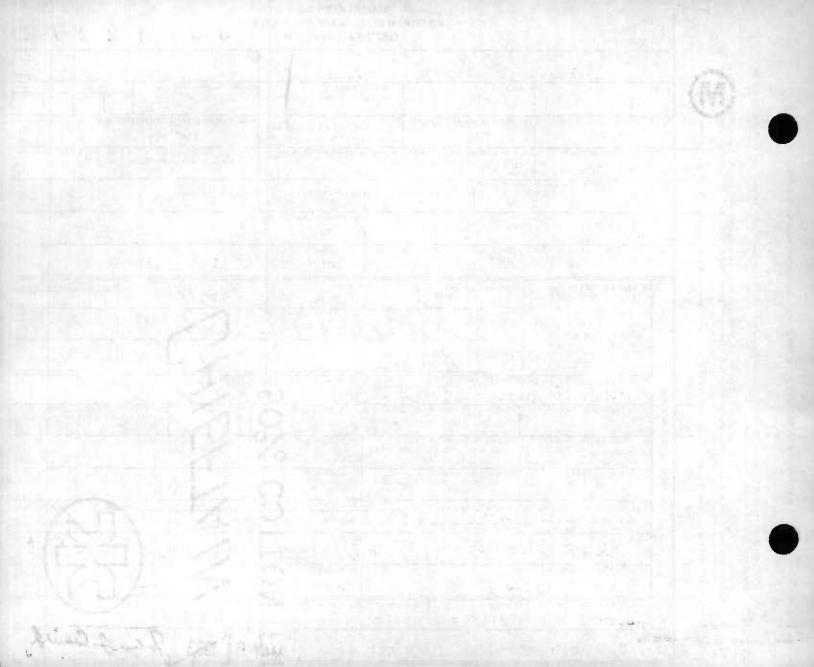
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Wm. C. March F/H

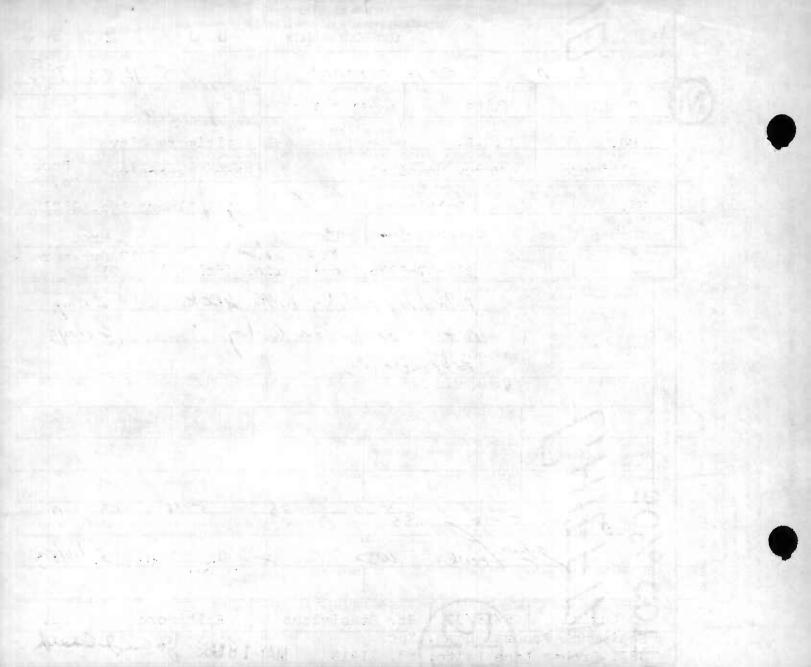
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1983



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EVA Elizabeth Adelman SEX		1 -	STATE	DEPARTA		8 5	2293
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136 STATE 136 COUNTY 136 INSIDE CITY UNITS 136 INSIDE CITY UNITS 137 INSIDE CITY UNITS 138 INSIDE COUNTS 138 INSIDE CITY UNITS 138 INSIDE CITY UNITS 138 INS	1		Baltimore	Mercy Hosp	ital	(TYPE OF WORK FOR MOST OF WORKING LIFE	ve Hecht
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18 CAUSE OF DEATH Enter only one couse per line lar (a), (b), and (c.)	dicol			WAR OR DATES)		601	2
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OR CONTRIBUTING CAUSE OF DEATH OF COUNTY STATE FETHER, NOTIFY MEDICAL EXAMINER) 19 19 19 10 10	No CA	ICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		
OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22d. I certify that (1) (this hospital) ottended the deceased from saw the deceased playe on abave (1) (well did idid into view the body after death). 22d. SIGNATURE 22d. PHYSICIAN'S NAME 22d. PHYSICIAN'S NAME 22d. PHYSICIAN'S NAME 22d. BURIAL, CREMATION, REMOVAL [23b. DATE 22d. NAME OF CEMETERY OR CREMATORY [23d. LOCATION] 22d. LOCATION	show /	RT					
220. I certify that () (this hospital) attended the deceased from 5 on the deceased alive on abave () (we) (did) (did not view the body attended the) 220. SIGNATURE 220. PHYSICIAN'S NAME 220. PHYSICIAN'S NAME 220. BURIAL, CREMATION, REMOVAL 23b. DATE 220. NAME OF CEMETERY OR CREMATORY 23d. LOCATION				1100 to 0 11 1100 to 0	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RY 1 OR PART 2)
220. I certify that () (this hospital) attended the deceased from 1983, that () (we) It saw the deceased alive on 1983, and that in m) (our) opinion death accurred an the date and hour and Irom the causes stated above () (we) (did) (did not view the body of debth. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	0 (1)	< I	(IF EITHER NOTIFY MEDICAL EXAMINER)				
saw the decease draine on	9	SC		121 DIACE OF INTUIDY	211 LOCATION		
saw the decessed alive on	or nem 18	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	morked or Item 18	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK (1) (this hospits saw the decease alive on.	(AT HOME, STREET, FACTORY, OFFICE, F.	STREET STREET		983_, that (1) (we) lost
22d. PHYSICIAN'S NAME THE CHARGE TO THE PROPERTY OF CREMATORY 123d. LOCATION 123d	21 is morked or Item 18	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE 1 AT WORK AT WORK 22d. I certify that decease a plive on above 1/1 (we) (did iden not not not not not not not not not no	(AT HOME, STREET, FACTORY, OFFICE, F.	STREET STREET 19 23 , and that in (our) opinion		983, that @ (we) lost and from the causes stated
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- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 1 2 2 9 4
J Adler	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 734P
ICASIAN STATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
F WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Battimore City
FHOSPITAL, NURSING HOME OR OTHER INSTITUTION UP A COUNTY BY ESPECT ADDRESS OF TALL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) VICE PRES 12b. KIND OF BUSINESS OF INDUSTRY SUN LIFE CO.
N. GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BALTIMORE YES XX NO	130 STREET ADDRESS HILL Rd 21210
ADLER AMAI	MIDDLE LAST
166. SOCIAL SECURITY NO. 17 INFORMANT MR	ADDRESS
Abdominal Leiomyosar	coma Proximate interval abstives onset and peated of months
OR AS A CONSEQUENCE OF	
OR AS A CONSEQUENCE OF	
CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
DITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
OF INJURY A.M. MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
E OF INJURY STREET, FACTORY, OFFICE, FARM. ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
the deceosed from , 19 , ond that in m) (our) opinion by ofter death.	, to, 19 &, tho ((we) la death occurred on the date and hour and from the causes stated
DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN \$ 5/4/83
and M.D. 120. ADDRESS	Hospital

MAY6,1983 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY BALTIMORE HEBREW

23d. LOCATION BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

4. RACE

Cal

7b. CITIZEN O

11. NAME O

DUE TO.

DUE TO.

19b. CON

21b. TIME HOUR

21e. PLAC AT HOME

(b).

MIDDLE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

DHMH - 16 50M 4/82 (VRA 15, 4)

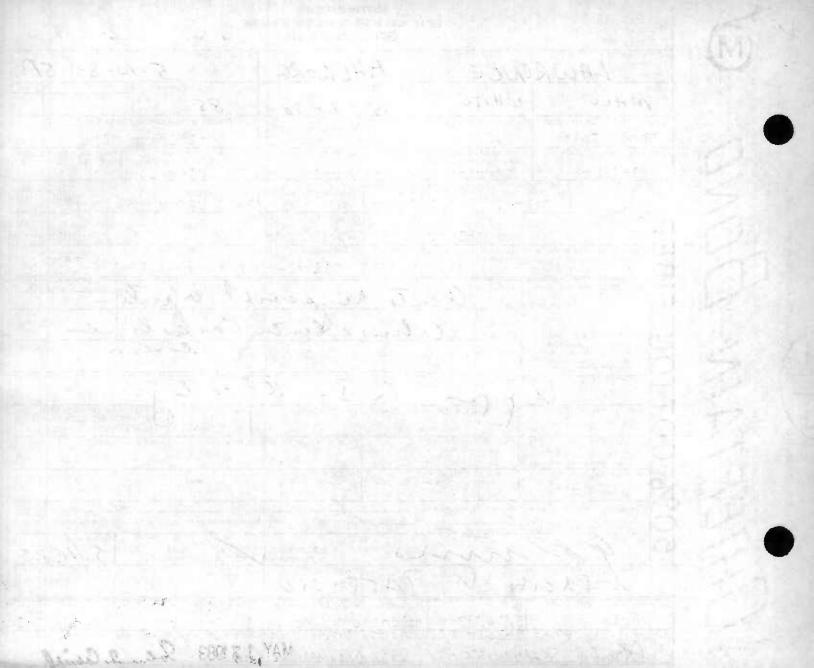
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6010 REISTERSTOWN RD.

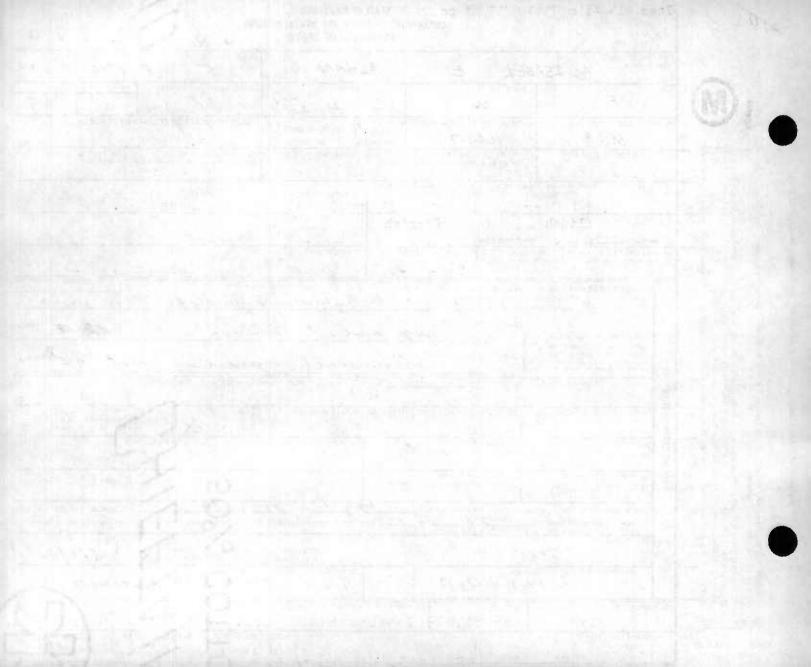
BALTO., MD

21215

Make I all the summaring of the latter of the Make I shall I I A CONTRACTOR de la companya de la



		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	20. DATE OF DEATH MONTH	
		AG LSA		ALBAN		8 1985 9:37
(M)	3. SEX	F	4. RACE	S. DATE OF BIRTH		MONTHS DATS HOURS
99		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. Cit	ty
oy the liced will have the	-	tyortown of death	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Sinai Hospt		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEW	
filled in ould be f	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE Md. Ca.T	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) 136. INSIDE CITY LIMITS? Lnstetyes # No	130. STREET ADDRESS 30 LOCABS	s St. 21157
mpletely ond 2 sho		THER'S NAME TO STOR		rish IS. MOTHER'S MAIDEN NA		LAST
ers. Poges 1.	16a. V	AS DECEASED EVER IN U.S. AR.	22-0-0-0-0	URITY NO. 17. INFORMANT	ADDRESS	ourg, Md.
n signed by the otter Then please remove or to buriol, cremotion, injury, or other troum	NOI	gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE (c)	fena wall m	younded to	Age of Sha
mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES \(\) NO \(\)
Pe se se	OK.	21a. ACCIDENT WAS UNDERLYING	1	216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
rificate has A-transit per tal Hygiene m 18 shaws	-	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		19		
s the buriol-tronsit per s the buriol-tronsit per ond Mentol Hygiene ked or Hem 18 shows	MEDICAL CE			21f. LOCATION	CITY OR TOWN	COUNTY ST
TOR: After this certificate hos or use as the burial-transit per of Health and Mental Hygiene 21 is marked or Item 18 shows	-	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. L certify that (I) (this hospi	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. 101) ottended the deceosed from,	FARM, ETC.) 21f. LOCATION STREET		, 19 3, that (I) (will display the courses state
DIRECTOR: After this certificate hos locked for use as the burial-transit per Dept. of Health and Mentol Hygiene Elept. of Health and Mentol Hygiene If hem 21 is marked or Hem 18 shows	-	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. tol) ottended the deceosed from,	FARM, ETC.) 21f. LOCATION STREET 19 3 63, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	to	d hour and from the causes state
TOR: After this certificate hos or use as the burial-transit per of Health and Mental Hygiene 21 is marked or Item 18 shows	-	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspi sow the decased alive on abave, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME, (TYPE C	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. tol) ottended the deceosed from, 1) view the bedy ofter death.	FARM, ETC.) 21f. LOCATION STREET 19 23, ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	to	d hour and from the causes state 22c DATE SIGNED



ADDRESS

Eline Funeral Home, Hampstead, Md.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

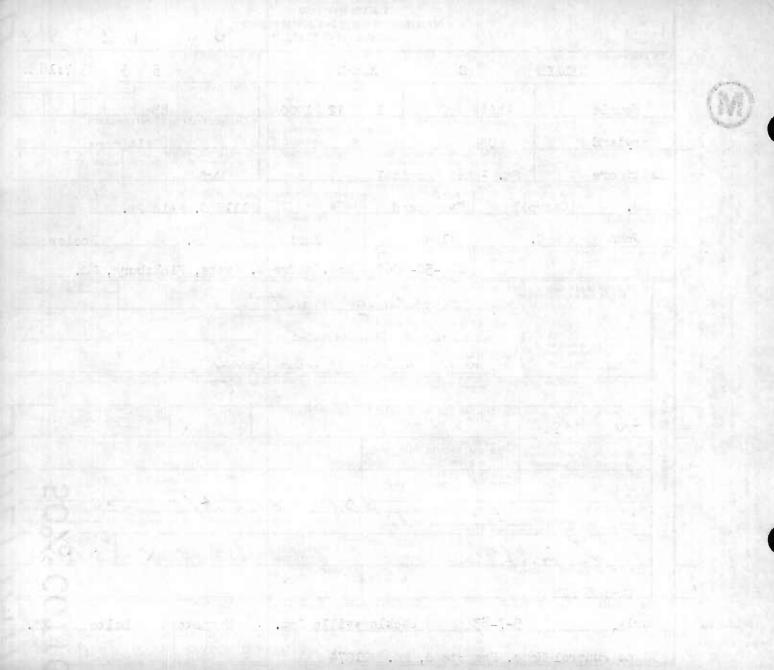
CERTIFICATE OF DEATH

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NO F

STATE

STATE



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injury, or other troumatic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shaws ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR TATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	3 REG. NO	i	2	2	9	- Comment
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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	de de 1 0
	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	MARIE	н.	ALLEN	5	14 83 11:45 PM
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female	White	MONTH DAY YEAR	67 YRS	MONTHS DAYS HOURS MIN.
Ы	7a. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	845. 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
ı	New Jersey	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED		440
ē	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	Balto.	(IF NOT IN SUCH FACILITY, GIVE STR		Bookeeper	Printing
ď	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEF	FORE ADMISSION)		TITHELING
	Md.	Balto.	YES NO	4420 Alan	Drive
í		MIDDLE LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
1	William	L. Guise	Maude		Lance
ı		MED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
ı	Unkn.	218-26-	-2487		
ì	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one couse per line (a), (b),	and ye	1 0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ł		TE CAUSE (0)	Tarture sec.	to Exceptisem	7
J	14292	DUE TO, OR AS A CONSEC	QUENCE OF /	A it	
I	Conditions, if ony, which	((b) Car	- frankantall -	HF	
1	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	. / //	/ .
I	underlying couse lost.	(c) AS C	ND- Dig. a	steo-to tante	26
ı	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 10
	19a DATE OF OPERATION LE A 21a. ACCIDENT WAS UNDERLYING	MONE			
	M 19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	F A		NOT		S NO
1		110110 1 11 11 11 11 11 11	MAY VEAD	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER	A/ &	19	VA-	
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIG	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
١	AT WORK NOT WHILE WA	1	A	NA CHYOKTOWN	
		tal) attended the deceased from	///		19, that (I) (we) last
1	saw the deceased alive on above, (I) (we) (did) (did not	1) view the body ofter death.	and that in (my) (our) opinion	on death occurred on the date and hou	ir and from the causes stated
ı	77b SHATURE	1,4	DEGREE		22c DATE SIGNED
	1 aller 1/	alaley lec	The MO PHYSICIAN		5/18/83
d	224 PHYSICIAN'S NAME (THEO	RPRINT)	22e. ADDRESS	40 . 00 - 40 -	Trapes
j	CARLOS N. F	HIALINGH	4658 X10 PA - 4	03 E. PATAPSCO	21225
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	
	(SPECIFY) Removal	5/15/83		CITY OR TOWN	COUNTY STATE

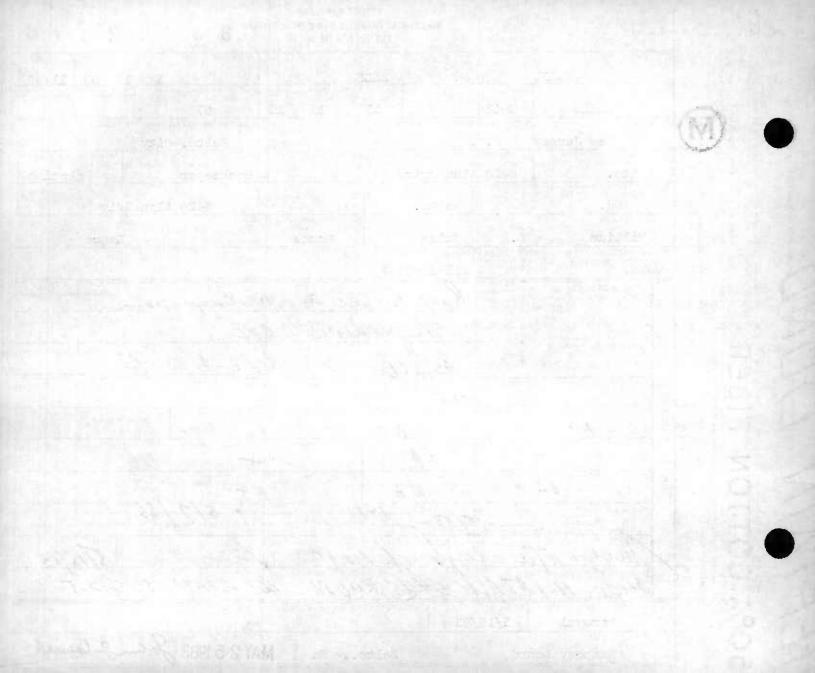
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Anatomy Board

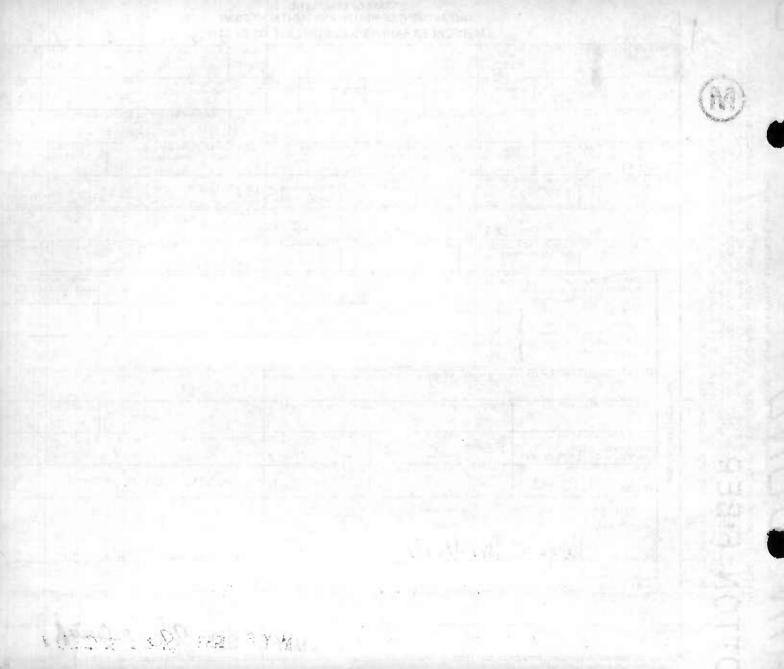
24 FUNERAL DIRECTOR

ADDRESS Balto., Md. MAY 2 5 1983 John & Canual MAY 2 5 1983



20M 4/82

STATE OF MARYLAND

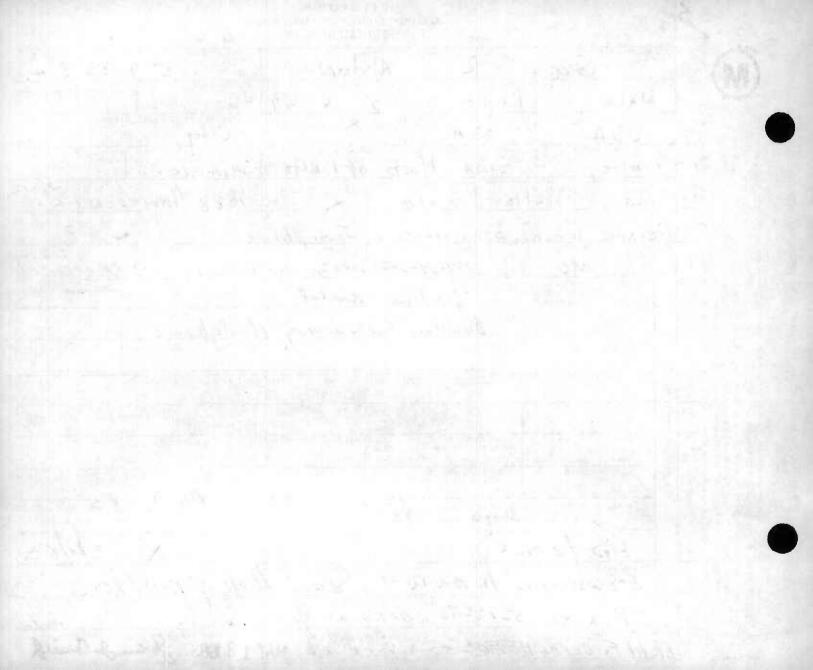


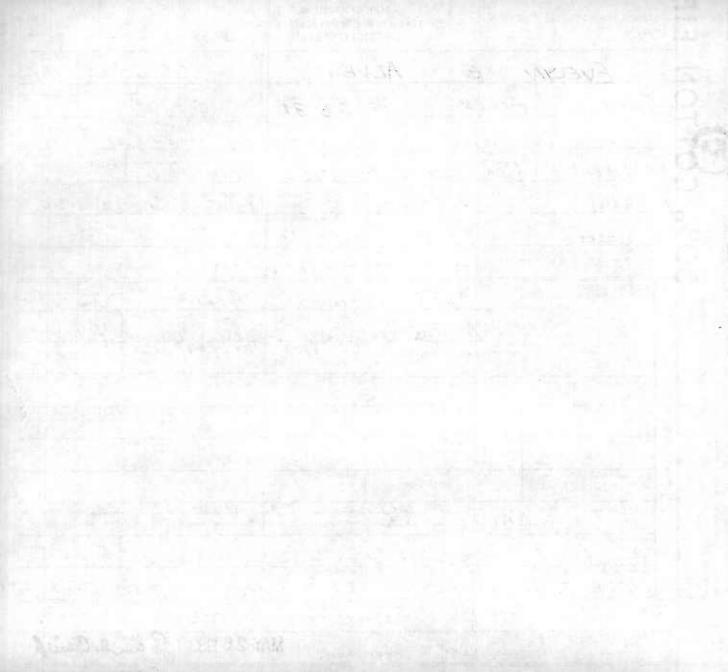
	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 S	2 3	,0 0
	EASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH	OAY YEAR	2b. HOUR
1.172	VIVIA	N R	ALI	LEN	MAY 26, 1983		6:18A
3. SEX		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
40000	male_	Caucasian	Ju1		70 YRS.		
CC	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	- 133
	shington DC	United State			BALTIMORE CI	ry	Α
BA	LTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI JOHNS HOPKIN	S HOSI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Homemaker	IPE) 126. KIND O INDUSTRY HOM 6	F BUSINESS C
13a S1	TATE _ DE COUR	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 134 CITY OR TO Chevy	Chase	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	treet	(20815
14. FAT	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		241	
	George	H. Curt	in	Adaline	MINORE	Curi	in
	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRESS		
	No	578-32	2-8071	Donald D.	Allen, same		
	DART I DEATH WAS CALISE	nly one cause per line far (a), (b),					MATE INTERVAL INSET AND DEATH
	IMMEDIA	TE CAUSE (0) VCSO	rentery	arrest		126	1~7
	5860	DUE TO, OR AS A CONSE			1.	9da	
	Conditions, if any, which gove rise to immediate	(16) Steeply	lococca	preumania	/ sepsis	1000	15
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	~		Fdas	7 5
	PART 2 OTHER SIGNIFICANT		TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 110	4
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDIN FYING CAUSES ES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)	
ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive on	ital) attended the deceased fro May LC 10 11) view the body after death.			death occurred an the date and ho		that (I) (we) lo
	226. SIGNATURE Mark	& Delivo		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
	22d PHYSICIAN'S NAME (TYPE OF			JOHNS HOP	ociws How BALTO	WOLFE	ST 205
(5	JRIAL, CREMATION, REMOVAL PECBURIAL	23b. DATE May 2	edar F	EMETERY OR CREMATORY III Cemete	23d. LOCATION	COUNTY	STATE
24. FUI	NERAL DIRECTOR Rober Mes. P.A. Be	t A. Pumphre thesda, Mary	y Fune	era1 2501PA	FREC'D. BY REGISTRAR 25 EGIS	TRAR'S SIGNAT	URE

DHMH - 16 50M 4/B2 (VRA 15, 4)

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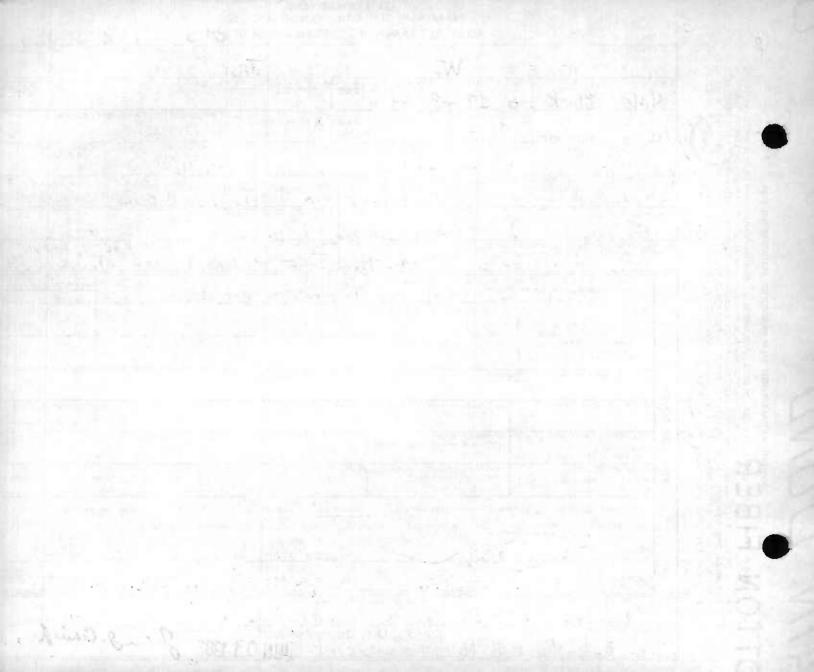




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	1.0	REGISTRAR FIRE		MIDDLE	CLKIII	CATE OF DEATH	REG. N		- Com-	
e t		PE OR PRINT)			į.	451	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
page page	3. Si	Iris E	lizabeth	Ogle	Ambus		Мау	14.	1983	5:A M
off of	3. 31		A 1980 AND		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	HOURS MIN.
director. hours after.	Lore	Female BIRTHPLACE (STATE OR FOREIG	Black	WHAT COUNTRY?	Mar	25 1918	65	YRS.		
deoth.		COUNTRY)				NEVER MARRIED	9 BALTIMORE CITY			
fun thun	10.0	ITY OR TOWN OF DEATH	U.S.		WIDOWE	D DIVORCED X	Baltimor	e Cit		MD.
of the state of the		ltimore	(IF NOT IN SI	ICH FACILITY, GIVE STREET	ADDRESS)	K OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	OF WORKING LIFE	126. KIND C	OF BUSINESS OR
by by file			427]		St		L.P. Nurs	0	Hosp	ital
11/11/13/5		JAL RESIDENCE (IF NURSING HO STATE 13b. (COUNTY	Baltimo		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 427 E. 27	th /s	t2121	8
Mile M		ATHER'S NAME	MIDDLE	LAST	1 1 1 3	15. MOTHER'S MAIDEN NA	ME			
omp l on	_	Nathan	Benjam:	in Og	le	Florenc	e Emma		Taylo:	r
Poges medico	160	WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (1F Y	S. ARMED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRI	SS		
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physicia noopers. novol.		18 CAUSE OF DEATH (En	ter only ane cause pe	er line far (o), (b), on	d (c).)	A A				MATE INTERVAL DNSET AND DEATH
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tending e carb on, ar r		1141	DUE TO . C	OR AS A CONSEQUE	NCE OF					
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the remo		gave rise to immedia cause (a), stating th	he DUE TO C	OR AS A CONSEQUE	NCEOF					
d by eose ol, cr		underlying cause las	st. (c)_							
gned en pl buri	7	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	31
en si or to y inju	0									
hos been prior ene prior sows only is	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
Cote cote Hygiel Hygiel B sh	CER	210. ACCIDENT WAS UNDERLYIN			-11-11	21c. HOW INJURY OCCURE	1	YES		но 🗌
s certification of the second		OR CONTRIBUTING CAUSE OF	OI DEATH	.M. MONTH DA .M.	YEAR				21	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
s the ond ked o	X	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
se or se or mor		22a. I certify that (I) (this	hospital) attended tl	ne deceased from	APR	L- 10 5 3	to PRESE	V/7- 11	0	1-10
for u of Ha		saw the deceased aliv	ve an APRIC	12 10 9		that in (my) (our) apinion o	, 10		and from the	that (1) (we) last
RECTC hed for ept. of tem 21	20	abave (Dwe) (did) (d 22b. SIGNATURE	iia nat) view the bady	atter death.		EGREE UNION ME			22c. DATE S	
# Dog #		λ .	oloson 1	Paran	Duin	ATTENDING PHYSICIAN	MEDICAL STAF	F		
VERAL I		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	(Julyan)	1411	PHYSICIAN L	DIRECTOR PHYSIC	IAN	16 M	AY 83
etained by to FUNERAL should be defined with the State IMPORTANT:		Dr D. P	urnell		Y.	Columbia Pi	rof BldgC	al samb	ie Ma	
of Charles of State o	23a E	BURIAL CREMATION REMO		23€ N	IAME OF CE	METERY OR CREMATORY	23d. LOCATION	JE CHILD.	La, MU	
P	F	Surial	May 1	8,1983			Frederic	ck F	red.	Md STATE
- 16 50M 1/B1		JNERAL DIRECTOR		म	reder	ick, Md 250. DATE				JRE
/RA 15, 4)	TAT	Hicks.11	1 263	ADDRESS			1231983	Jahr	2. Can	ich
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10							E OF MARY							
10	10		FOR STATE				EALTH AND							
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4			CEASED NAME FIRST		WIDDIE		LAST			20. DATE KN	CXNWO	MONTH D	DAY YEAR	7b. HOUR
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	PLEASE CTOR FILES HOURS		GEORGE		We		ANDER		alko	DEATH M		5 29		M
	APE 호텔	3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEAR LAST BIRTHDAY	MONTHS DAY			2c. DATE		AONTH C	DAY YEAR	10:20
	L DIRECTOR. COUR FILES. VIZ HOURS	N	DIE Black	6 17	43	39 YR		YS HOURS	MIN.	PRONOUNCE DE AD	U	5 29	1983	D M
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	AN THE STATE OF TH		ORTH LAROLINA	4,5	Re		WIDOWED [DIVOR			more C			MD.
		10. CI	TY OR TOWN OF DEATH	11 NAME OF HO			OR OTHER INST	TITUTION	12a. USL	AL OCCUPAT		WORK 12b.	OR INDUST	
	DELAY N TO TH	OR.	altimore	Luther					Con	N. MC			OK 11400311	N I
	IF ANY DELA 2, AND 3 TO: 3 RETAIN P. SHOULD BE LERCORDS	USUA	AL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION O	IVE RESIDENCE	BEFORE ADMISSIO	N)		106	NP 191			41/ 2	17,000
21201	ANY AND 3 FETAIL FECOR	13a S	TATE 136. COUN	TY	13c. CITY	OR TOWN	13d. INS	SIDE CITY LIMITS?	13e. STRI	ET ADDRESS	DA	cto.	Md, C	151/
	ANADA		MARYLAND		BA	LTIMO	RE YEST	NO [164	LI NO	Dukeli	Ann.	STRE	ET
9	1. 2. 2	14. FA	THER'S NAME					OTHER'S MAID	EN NAME					
A,	F S S S S		FIRST	MIDDLE	A	AST	Cal	FIRST	A	MIDD	E	6	LAST	2.4
8	BB ₹ ₹ B	14. 14	GEORGE	ALD FORCES	95 m	I LEST	DKO 17 INE	ORMANT	40		ADDRESS 7		KAVE	5
BALTIMORE, MD.	HOURS AFTER DEATH, IF, EM 18. GIVE PAGES 1, 2, A NG WITH FORM PM THENE DIVISION OF WITHER AL.	100. Y	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	108.500	IAL SECURIT	NO.	- OKMANI	A 8		ADDRESS	BALTO	00 212	17
2	A H P SICE		Yes Vie	TNAM	1/16	-42-	1962 16	ANET !	Ande	RSON	162	IN.	DuKel	ano St.
	NI G		18 CAUSE OF DEATH (Enter onl	ly one cause per lin	e for (a) (b)	and (c)			-				APPROXIMATE	
ST.	OF OF S		PART I DEATH WAS CAUSED	DRY.			4.			4:		-	BETWEEN ONSET	AND DEATH
NO	A SER	-	11300 IMMEDIAT				otic car	arovas	cular	ursea	5e			
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201 W. PRESTON ST.,	NA A A A A		lying cause lost.											
5,2	55 38 55	1	4	(c)										
DIVISION OF VITAL RECORDS,	LD BE EXECUTED WITHIN PENDING," IN PENDLI IN MEDICAL EXAMINER A MEDICAL EXAMINER A BURIAL - TRANSITEATH AND MENTAL HAND MENTAL		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE OR COND	DITION GIVEN IN P.	ART 1 (a).					
8	SEES EB	6												
OK.	387837	1	190. DATE OF OPERATION	196. COND	ITION FOR V	WHICH OPERA	TION WAS PER	FORMED?				2	0 AUTOPSY	?
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ő	E TE SEC	Ü	UNDERLYING OR			DAY YEAR	ZIL HOW IN	TURT OCCURR	ED (ENIEK	MATURE OF INJURT	IN HEM 18 PART	OR PART 2)		
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ISI .	CERTIFICATE ITING THE W DED TO THE E 3 SHOULD B DEPARTMEN PRIOR TO	MEDICAL CERTIFICATION	21d. INJURY OCCURRED		OF INJURY		211. LOCATION	V		- 10 M				
No.	S C RELECTION	2	WHILE NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, E1	C.)	STREET			CITY OR TOWN		COUNTY		STATE
	THIS WARI WARI PAGE 2120		AT WORK AT WORK											
	ATE SOR		220 I certify that I taak charg	e of the remains de	scribed aba	ve, held an	Autapsy X	. Inspectio	an .	Inquiry	, ond is	т ту артпо	n	
	EXAMINER: CERTIFICATE DID BE FOR DIRECTOR: WITH THE S AARYLAND,		death resulted fram: Notur	ol couses X.	Accident	Sur	ide H	lomicide .	Undete	rmined monn	er .			
	RY HE		۸											
	₩ # # # # # # # # # # # # # # # # # # #		ACTUAL	(A)				LE (SPECIFY)	_			DATE	E 70 (7
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	SIGNATURE	(/VX)			M.D. AS	sistan	TMEDI	CALEXAMIN	ER	SIGNED_	5-30-8	32
	SEAN SO	/	EXAMINER'S NAME A						_				0400	
	A D W B B B		(TYPE OR PRINT) Ann	M. Dixor	I, M.D		ADDRES	ss111	Penn	St.,	Balto.	, Md.	. 2120	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a. Bl	URIAL, CREMATION, REMOVAL 2	36 DATE	23c. N	IAME OF CEM	ETERY OR CREM	AATORY	23d. LO	CATION				
		(5	PECIFY) BURE AL	6-6-8	3 6	ausocu!	1/2 1/10	11 (o	M CITY		1/2	COUNTY		Idan D
	BP	24 FI	UNERAL DIRECTOR	000.		cwisvi	TIC TYPE	- IZSO DATE	REC'D BY	REGISTRAR	200 REGISTE	AP'SSIGN	TURE -	MANY
	DHMH - 17	1	NAME ()	ADDRES	DA DA	Lto, Mo	1,2121	/	A '1-	AAA	Status	2.0	sound	
	(VR A15 ME (5))	LY	K. DAILEY	1548	Ji CAI	houn :	STERRET	IIIN	01	1785 J	1	-0		
	20AA 4/R2													



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		CE	RTI	FIC	ATE	OF	DEATH	

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6	REG. NO.	1	2	5	U	25
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1.	FOR - STATE REGISTRAR				IEALTH AND MENTAL HYG	IENE 8 RG, NO. 1	2305	
	CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
TIPPE	DR. FR	ANK		APP	LESTEIN	MAY 17, 1983	83°	
3 SE	X	4. RACE			OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS	
	MALE	WHIT	re	ĴÄ	N. 18, 1898	85 YRS.	MONTHS DAYS HOURS MIN.	
Jul Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D XXNEVER MARRIED DIONORCED DIONORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE		
In C	BALTIMORE		HOSPITAL, NURSING HEACHITY, GIVE STREET AD LNAL HOSPI		OR OTHER INSTITUTION	OF PHARMACTS PRINTS LIFE	126. KIND OF BUSINESS OR INDUS DRUGS	
Llo S			GIVE RESIDENCE BEFORE ALL PROPERTY OF TOWN BALTIMORE	DMISSION)	13d INSIDE CITY LIMITS? YES NO T	13e 3TOI LABYRINTH	RD. #21208	
14 FA	BENJAMIN	MIDDLE	APPLESTEIN		15. MOTHER'S MAIDEN NA/ FÄNNIE		JNKNOWN [†]	
169 V	VAS DECEASED EVER IN U.S. A YES NO ORUNKNOWN) YES WWI	RMED FORCES?	166 SOCIAL SECURI 218-30-68			S. MOLLY APPLESTE		
	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUEN	CE OF	CORONDA OSCLEPE 3 ETES	0 15	3 yrs	
CERTIFICATION	PART 2 OTHER SIGNIFICANT		Ontributing to de	14.		IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	DF INJURY M. MONTH DAY M.	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA		
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET FACTORY, OFFICE FAR	M, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	220.1 certify that (1) (this hospital) prended the deceased from 15 19 8 3, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did nat) view the body after death.							
	226 SIGNATURE	an RI	Lein	ar		MEDICAL STAFF DIRECTOR PHYSICIAN	5/17/83	
	NORM B	OR PRINT)	KLEIM	IAN	3 8 03 E	DNONDSON	DUE.	
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	MAY 2	0,1983 AI	TZ (EMETERY OR CREMATORY HAIM	BALTIMORE	COUNMARYLAND	

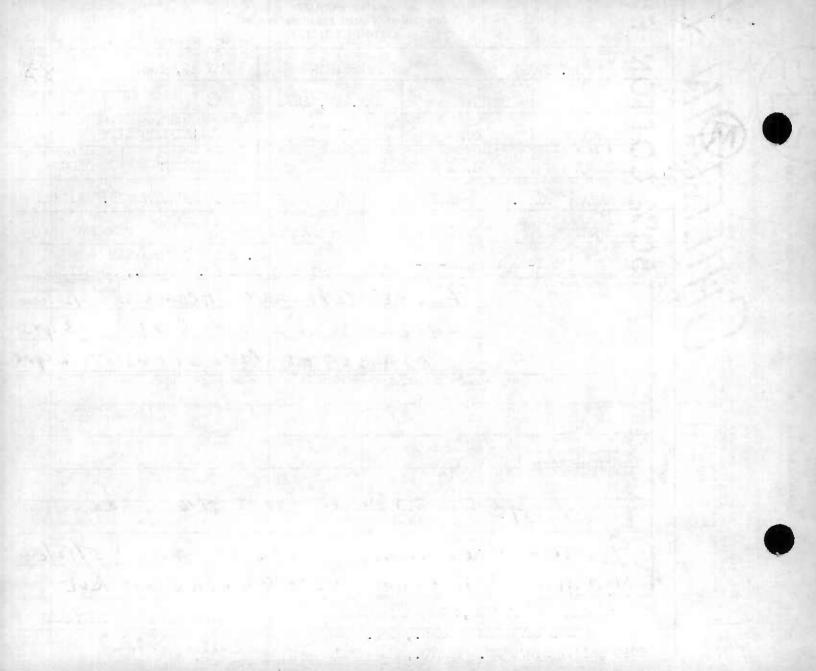
21215

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

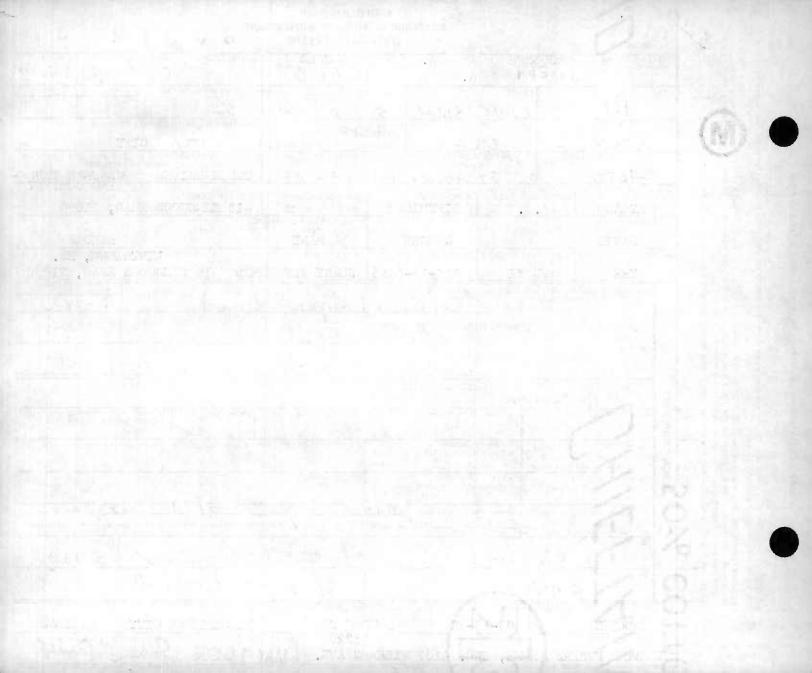
SOL LEVINSON & BROS., INC STERSTOWN RD. BALTO., MD 24 FUNERAL DIRECTOR SOL LEVINSON 6010 REISTERSTOWN RD.

250. DATE REC'D. BY REGISTRAR THE WIG ISTRAR'S



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DIVISION OF VITAL RECORDS,



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be twith the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

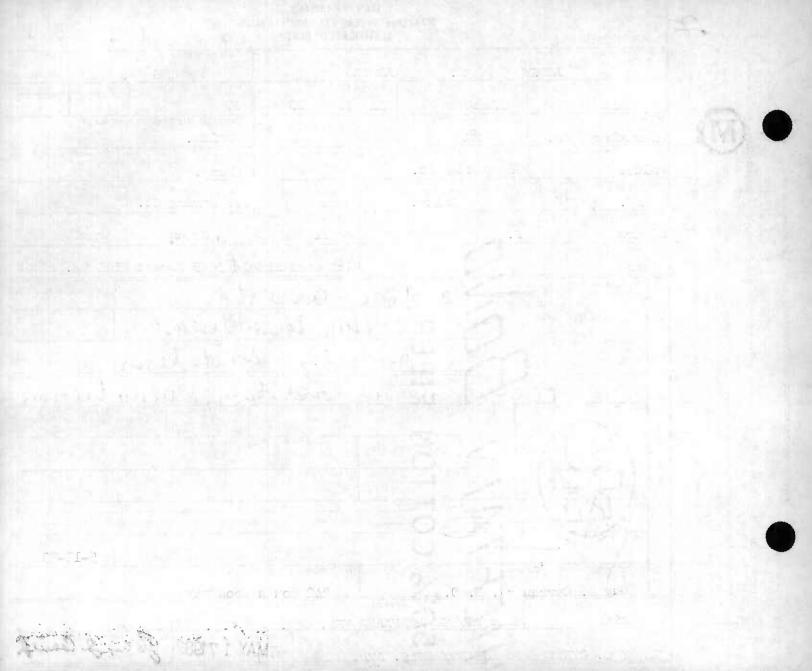
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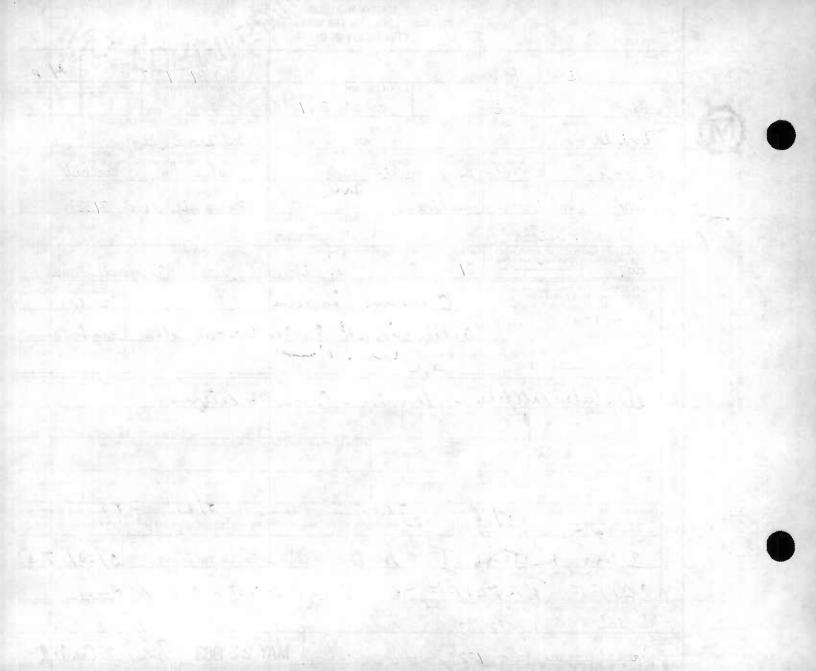
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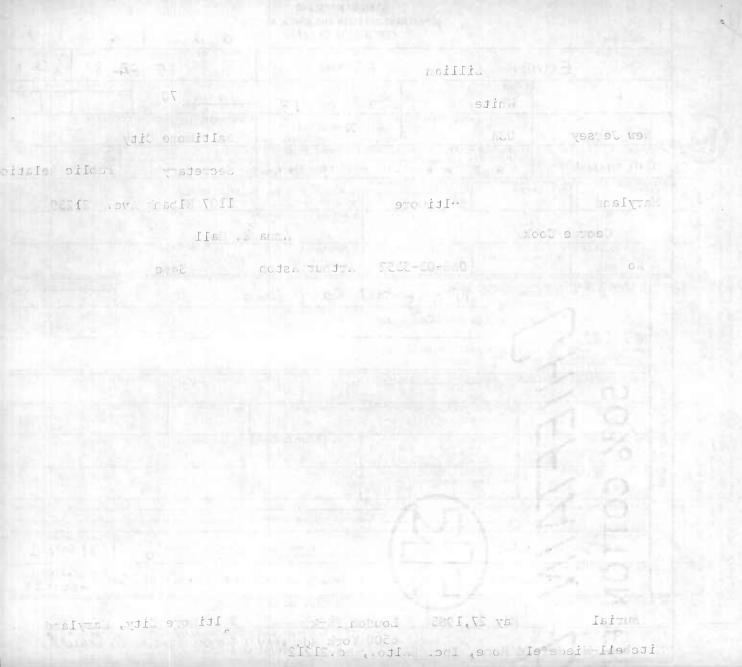
PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	S _{REG. NO.}	Service of the servic	2	3	0	8
1467		O. C. O. C W. L.				7	

-	1 - FOR STATE REGISTRAR			OF HEALTH AND ME		ENE 8 3 _{REG. NO.}	2 3 0 8
	DECEASED NAME FIRST	MIC	DDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	LEW	IS E	E. AR	NOLD		5	8 83 M
3.	. SEX	4 RACE		ATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Male	Black		1 28 DAY 2.	5 YEAR	57 YRS	MONTHS DAYS HOURS MIN.
24	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY? 8	and District	22.50	BALTIMORE CITY OR COUNT	Y OF DEATH
C	Clarksburg, Va.	USA		RRIED NEVER MAI	RCED T	Balto.	MD.
\int_{B}^{10}	CITY OR TOWN OF DEATH	311 Beth	OSPITAL, NURSING HO ACILITY, GIVE STREET ADDRESS OF 1 St.	ME OR OTHER INSTITU S)	UTION I	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Unemp.	12b. KIND OF BUSINESS OR
2	USUAL RESIDENCE (IF NUR III) III) 30 STATE III) 0	GILD HER INSTITUTION, GI	ve residence before admis 34. CITY OR TOWN Balto.	13d. INSIDE CITY		36 STREET ADDRESS 355 Spring Ct.	212.31
200	I. FATHER'S NAME FIRST Idward	P .	Arnold	15 MOTHER'S M Pearl		e Green	Arnold
1 16	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? II	66 SOCIAL SECURITY 1	O. 17 INFORMANT		ADDRESS	
	yes	ONE WAR ON DATES,		Altameas	e Arno	ld 3645 Forest	Hill Rd. 21207
	2500 Conditions, if any, which	IATE CAUSE (o)	AS A CONSEQUENCE	of Hypert	res	t. edsease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)	AS A CONSEQUENCE	ibelles	THE TERMIN	Coholis 1	VEN IN PART 1(a)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA				200 AUTOPSY? 200. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M.	NJURY MONTH DAY Y	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
1000	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FARM ET	211. LOCATION STREET	LESENT!	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this has sow the deceased elive					, to, oth occurred on the date and hou	19, that (I) (we) last or and from the causes stated
,	226. SUGNATURE				ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5-13-83
1	GUV A. Carr	enard. M.	D.	27e ADDRESS 24.2	South	Broadway	
	Be BURIAL, CREMATION, REMOVA (SPECIFY) Burial			OF CEMETERY OR CREATE	MATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24	FUNERAL DIRECTOR NAME LEROY O. DYETT	4600 LIBER	ADDRESS	AVE:	25a. DATE R	REC'D. BY REGISTRAR 25b. RY ST	TRAR'S SIGNATURALLY





64	1-	FOR 1. STATE REGISTRAR	DEPART	MENT OF HE	ALTH AND A	MENTAL HYG	IENE 8 GEG. N	10.	2 3	10
oy be	(TYPE	CEASED NAME FIRST ESTH			STON		20. DATE OF DEATH	5 21	¥ 83	850 A
oge 4 m	3. SE:	F	4.RACE White	5. DATE OF	BIRTH	13		70 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS M.IN.
deoth. Pog	9	RTHPLACE (STATE OR FOREIGN SOUNTRY) New Jersey	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	Ingent	VORCED	9. BALTIMORE CITY 9 Baltimore	re City	У	MD.
rrs ofter filled	(3ACTIMORE	11. NAME OF HOSPITAL, NURSII I IF NOT IN SUCH FACILITY, GIVE STREE GODD SAMALES	TAN H		BALTIMOR	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Secreta	OF WORKING LIFE	INDUSTRY	of Business or LC Relatio
MARYLAND 21201 ed within 24 hours of mpletely filled in by and 2 should be filled examiner must be an	13a. S	aryland 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	re	134. INSIDE C	NO 🗌	13e. STREET ADDRESS 1107 E1	oank A	ve. 21	.239
MARYL ed within ond 2 sl examine	14 FA	THER'S NAME George Coo	MIDDLE LAST			FIRST Anna	E. Hall		LAS	ST .
BALTIMORE,		VAS DECEASED EVER IN U.S. AR YES NO ORUNKNOWN) (IF YES, GIV NO	MED FORCES? 166. SOCIAL SECTION (F WAR OR DATES) 166-03-		17. INFORMA Arthur	Aston	ADDR Sã	ess ame		V/ = V
ST.,			nly one cause per line for (a), (b), or D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQU		Care	cj nom	٩		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
1 W. PRESTON that the death co by the attendin ose remove carb al, cremation, ar		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	(b)							
equires the signed Then plee r to burio injury, or	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR COM	DITION GIVE	EN IN PART 11	0.
AL RECORDS, the law requir tion. has been sig it permit. Then tiene prior to be tien	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
DIVISION OF VITAL NG PHYSICIAN: The offending physicion in fer this certificate has the burial-tronsit frond Mental Hygier thand Mental Hygier orked or tem 18 show orked or tem		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)	
IVISION JG PHYS Ottendin Street this of the bus Not t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	711 LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
TTENDIN TTENDIN TTOR: Af for use of af Healt			tal) ottended the deceosed from 19		that in (my)	19 (our) opinion o	, to death occurred on the o			that (I) (we) lost causes stated
PITAL OR A by the hos by the hos by the control of detoched Stote Dept.		226. SIGNATURE	ed	D	F	TTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🙀	22c DATE	SIGNED 24/F]
O HOSPITAL eformed by to FUNERAL should be det with the Stort MAPORTANT:		22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	SAMAL C	LITAN Kosi	PITAL, I	BALTIN	1015 121229
BP	- (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c May 27,1983		metery or con Park		23d LOCATION CITY OR TOWN B ltimor	e City	COUNTY Marv	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 Ft	uneral director itchell-Wiedefe	eld Home, Inc. B			DE- DATI		356. REGISTR	AS SUNAT	ulf



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21	1-	STATE			RTIFICATE	AND MENTAL HYG OF DEATH	8 3		2 3	11
- 1	1. DEC	REGISTRAR CEASED NAME FIRST	MIDDL		LAST		20. DATE OF DEATH		DAY YEAR	12b. HOUR
	(TYPE	OR PRINTS	m 7		ATK	INS		5 1	1 83	343
	3. SEX	(lale	4. RACE White		MONTH 22	,1910 YEAR	6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHA	T COUNTRY2 8	ruie 23	, 1710	9. BALTIMORE CITY	YRS.	OFDEATH	
5	A. C	ryland	.S.A.	M	ARRIED N	DIVORCED	Baltimore		OI DEATH	MD
0		ty or town of death	11. NAME OF HOSE (IF NOT IN SUCH FACE	PITAL, NURSING HO	(\$5)	Lical CTR	120. USUAL OCCUPA (TYPE OF WORK FOR MOS haufter	ATION	E) INDUSTRY	of Business or uch
5	13a. S	AL RESIDENCE (IF NURSING HOMEOR TATE aryland Back	ITY 13c.		SSION)		130. SIREET ADDRES 5521 Heat	herwood	,2122	7
2	1. FA Wi	THER'S NAME Lliam A. Atkins	MIDDLE	LAST	1.0.	J. Glanvi	ME		LA	
2		(AS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY		ORMANT		DRESS		
	No		21	7-07-159	1 10	ris A.Habe	el 1000 14 1	Nagledt	Rd. 21.	234
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE	OF OF	L'arani	coppe Place	1	lead	
	MOIT	PART 2. OTHER SIGNIFICANT (N FOR WHICH OPE	STA T		INAL DISEASE OR CO		EN IN PART 1	
1	CERTIFICATION	170 DATE OF OPERATION	198. CONDITION	N FOR WHICH OFE	KATION WAS	FERFORMED	YES NO	IN CERTIF	YING CAUSES	
1		210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M.		YEAR 19	OW INJURY OCCURE	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART ?}	
	MEDICAL	21d INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE OF II	NJURY FACTORY, OFFICE, FARM, E		CATION STREET	CITY OR	TOWN	COUNTY	STATE
		220.1 certify that (1) (this hospi saw the deceased alive on the e, (1) (we) (did) (did no	May 11	1983		(my) (our) opinion (, to death accurred an the	date and hour	and fram the	
		22b. 1 GNATURE	TWK	e A M	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	TAFF SICIAN []	22c. DATE	SIGNED 12-83
		22d/PHYSICIAN'S NAME (TYPE OF	W. REE	P	61	\	25,51,15	AL18	Me	>1>3
	(URIAL, CREMATION, REMOVAL SPECIF BURIAL	23b. DATE 5/13/83			(emetery	Baltim r		Maryla	nd state
		INDERAL DIRECTOR	8 51-4	ADDRESS	1	MAY	1 2 1983	To hu	RAPE SICA	week.

DHMH - 16 50M 4/82 (VRA 15, 4)

Ambrose, Inc. 1328 Sulphur Spring Rd

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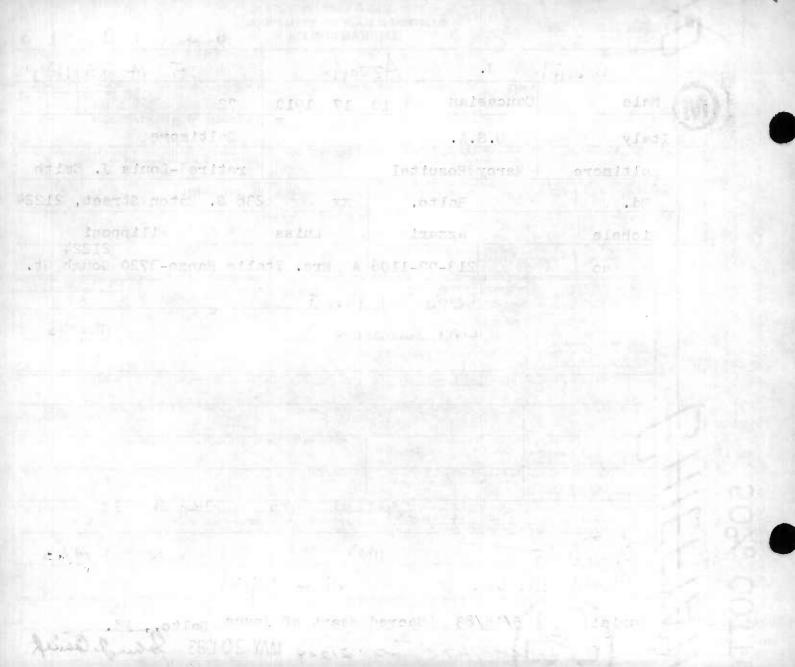
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	1.050	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	LATI	O RES.		1 6) ! !!
		OR PRINTI			E.	AUGIN			20. DATE OF DEATH	MONI	102	2b. HOUR
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V	3. SEX	X	7.50	4. RACE	ACE 5. DATE OF			YEAR	6. AGE (IN YEARS LAST I	BIRTHDAY	MONTHS DAYS	
t		Female		Black		12	25	1897	85	YRS.		
Ş	7a. B1	RTHPLACE (STATE OR FI	OREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY BALTIN		CTTY	
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		Md.			Balto.		YES 🔏	NO 🗌	2336 Bar	clay S	it. d	1210
ė.		THER'S NAME		MIDDLE	LAST		15. MOTHER	MAIDEN NAM	MIDDLE			NST.
Æ	Wi	lliam			Gardne	r	Agnes		MIDDLE			.31
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA	INT	ADD	RESS		
		10	(# 165, 014)	E WAN ON DATES!			Claric	e Brown	1581 Sto	newood	Rd.	
		18 CAUSE OF DEATH			line far (a), (b	o), and (c).)		1	1		APPRO: BETWEEN	XIMATE INTERVAL
i		PART I. DEATH W.		D BY: E CAUSE (a)	Carel	novas	cular	Acc	edant		6	dara
		4449			DAS A CONS	EQUENCE OF.				1		0
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		gave rise to imm	rediote	0,5	0.45.4.5045	FOUFUCEOF	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	0	4		
		underlying couse		DUE 10, 0	R AS A CONS	EQUENCE OF						
		PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(a)
	8 0	5/p	SEI	y I in	2/8	2 0	HF	DM				
	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
	풀								YES T NOM		IFYING CAUSE	S OF DEATH?
	E.	21a. ACCIDENT WAS UND	ERLYING				21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN			
		OR CONTRIBUTING C		111		DAY YEAR	15 6					
	MEDICAL	21d. INJURY OCCURR		21e PLACE		17	211 LOCATIO	N				
1	¥	WHILE NOT WHI	ILE 🔲	(AT HOME, STE	REET, FACTORY, OF	FICE, FARM ETC)	STREET		CITY OR	IOWN	COUNTY	STATE
-		220 I certify that (1)		ottended #h	e deceosed fr	om 5/	22	10 83	10 5/	28	19 83	, that (I) (we) las
		saw the decease	d alive on	5/7	78		d that in (my)		eoth occurred on the	dote and ha	our and from the	e couses stated
		above (1) (we) (d	lid)'(did not	I) view the body	ofter death.							
	157	ZZO. SICIAJATURE		11	100		DEGREE		All I I I		22c DATE	RIGNED
	18	D MILLO	2 A	Olan .	fair	5 p	17)	TTENDING		AFF X	22c. DATE	SIGNED
		D Nucle 22d. PHYSICIAN'S NA	2 A	llen	Lay	5 p	17)		MEDICAL ST DIRECTOR PHYS		22c. DATE	28/83
		Fruse	AME (TYPE OF	llen	EN	KAUK	D				221. DATE 5/	28/87
	73a P	Druce 22d. PHYSICIAN'S NA BRU	CE	Ellen ALL	EN	KAUP	220. ADDRES	PHYSICIAN D S nion	Menny		224. DATE 5/	28/87 bild
	23e. B	Fruse	CE	llen	EN	KAUP 23c. NAME OF C	220. ADDRES	PHYSICIAN D S MACAN CREMATORY		real	224. DATE	28/87 bilds

DHMH - 16 50M 4/82 (VRA 15, 4)

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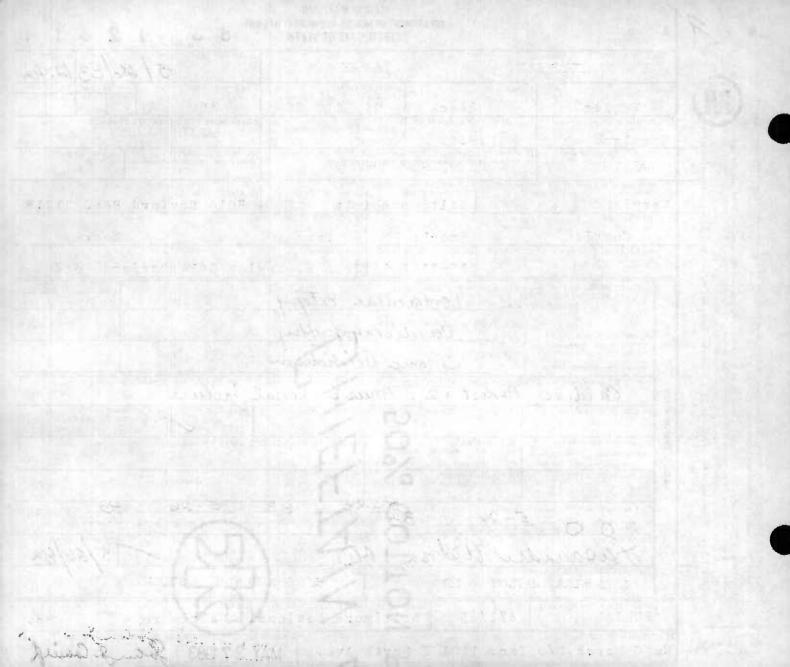
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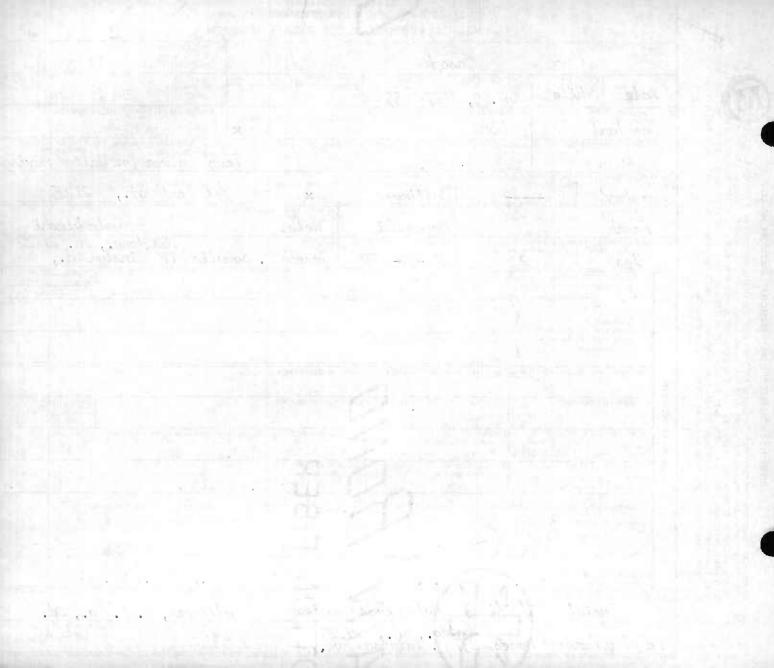
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Wm Came March F/H Inc. 1101 E North Ave.

(VRA 15, 4)





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should be detached with the State Dept.

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STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF D

PEATH	8 REG. NO.	2	5	1	0
, ,	20 DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR
	5/27/83	985		6.	4
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
VEAR 3	79 YRS.	MONTHS	DATS	HOURS	41 M
MARRIED T	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH	11/4	

	I. DECEASED NAME FIRST (TYPE OR PRINT) ETH	FL E	BAGUELL	5/27/83	DAY YEAR 26 HOUR
A	FEMALE	BLACK.	5. DATE OF BIRTH MONTH DAY YE 12 03 6	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRI	DALIO.C.	
7	BALTO City	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE BON SECONE	SADDRESS) HOSP.	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK PLIKE	12b. KIND OF BUSINESS C INDUSTRY
)	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOV	WN 13d. INSIDE CITY LIA	10011	Mount St.
0	14 FATHER'S NAME FIRST THOMAS	MIDDLE BAGU	15. MOTHER'S MAIL SEIRST	DEN NAME MIDDLE	BOURNE
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC 900 - 39 -	URITY NO. 17 INFORMANT	ADDRESS	
	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEOL	TENCEDE Spor	k: -	APPROXIMATE INTERVAL BETWEEN QUISET MAD DEATH
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	PATEGUMA -	AF TERMINAL DISEASE OF CONDITION	I C IVENI IN DADY 1

135CU1) -

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY

(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 211 LOCATION

NOF

CITY OR TOWN

COUNTY STATE

NO [

22a. | certify that (1) (this haspital) attended the fleceosed from sow the deceased olive on and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death

DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME TTYPE OF PRINT

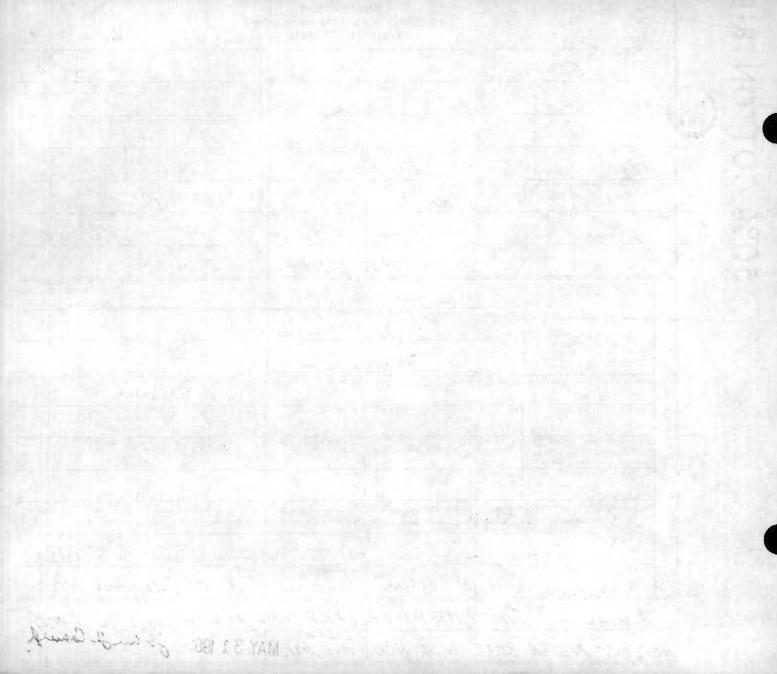
NOT WHILE

22e ADDRESS

YES [

DHMH - 16 50M 1/B1 - -(VRA 15, 4)-

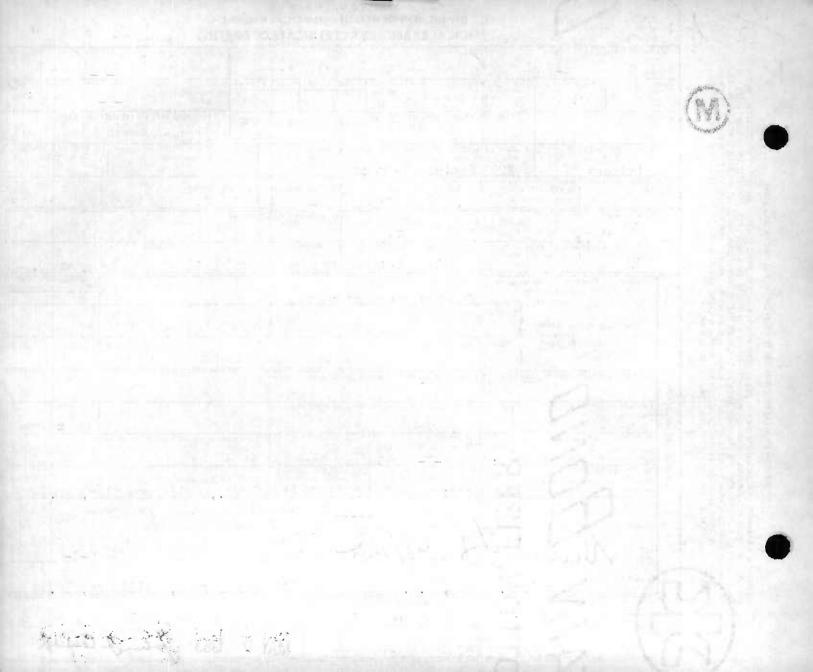
CERTIFICATION



20M 4/82

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REGISTRAR REG NO 20. DATE KNOWN DECEASED NAME MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Jr. Arthur Ball SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS 2c. DATE 2d. HOUR :47 YEAR LAST BIRTHDAY HOURS PRONOUNCED Male Black 57 DEAD 83 7 29 25 ZARTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MD USA DIVORCED Baltimore City WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Chelsea Terrace USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI MD STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore YES X NO [19 N. Wheeler Ave. 21223 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Arthur Ball Sr. Doris E. Dunn 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 165 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) 218-62-9408 Doris E. Ball 19 N. Wheeler Ave. 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR X M. MONTH DAY YEAR UNDERLYING KOR MEDICAL CONTRIBUTING CAUSE OF DEATH 5-3-8:46M. 1983 subject was shot 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET FACTORY FARM FTC. NOT WHILE AT WORK store Baltimore City. Chel sea Terr. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABULMORE, MARYLAND, 2 X 220 I certify that I taak charge at the remains described above, held an Autopsy Inspection Homicide X Undetermined monner Suicide TITLE (SPECIFY) SIGNED 5-4-83 EXAMINER'S NAME Penn Street. Baltimore. TYPE OR PRINT Dennis Smyth 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE STATE Burial 5/9/83 Cedar Hill Cem. MD Anne Arundel Co. BP 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 17 1983 (VR A15 ME (5)) 1101 E. North Ave. March F/H 20M 4/82



deoth. Page 4 may be

nding physician and campletely filled in by the funeral carbanpapers. Pages 1 and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

MPORTANT: If Item 21 is marked or Item 18 shows any

injury, or ather traumatic event, the medical exam

STATE	OF	MARY	LAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 3 EG. NO.	1 2	3	i	(
ATE OF DEATH MONTH	1 DAY	YEAR	2h HC	SIIE

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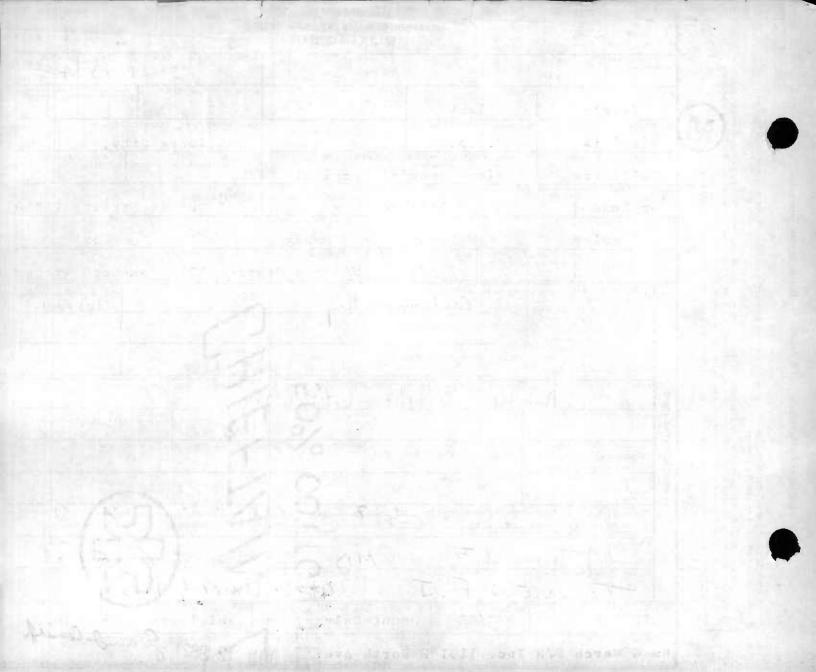
1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HY DEATH	GIENE 8	REG. NO		2 3	i	9
	CEASED NAME	FIRST	A	IDDLE	t	AST		20. DATE	OF DEATH	HTMON	DAY YEAR	. 2b. HC	
41114		Mary		Ε.	Ва	llard		100	5	-2	8-83	14	a M
3. SE	Х	4	RACE		5. DATE C	F BIRTH		6. AGE (II	YEARS LAST BIRTH	HDAY}	IF UNDER 1 YEAR		DER 24 HRS
	Female		B 1	ack	10	3	08		74	YRS.	MONTHS DAYS	HOURS	MIN.
7c. BI	RTHPLACE (STATE OR	FOREIGN 7	. CITIZEN OF	VHAT COUNTRY?	8.	□ NEVER	MARRIED -	9. BALTIM	ORE CITY OF		Y OF DEATH		
	Virginia		U.S	.A.	WIDOWE		ONORCED		ltimoı	ce C	ity,		MD.
	TY OR TOWN OF DEA Baltimore	70.0	(IF NOT IN SUCI	OSPITAL, NURSIN FACILITY, GIVE STREET N Memor	G HOME C			12a. USUA	L OCCUPATION OF FOR MOST OF	N	12b. KIND		
130. S M a	al residence (IF NURS STATE aryland	13b. COUNT		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltim	N	YES 🔀	CITY LIMITS?	64:	TADDRESS Gutn	nan	Street	: 2	21218
4. FA	Charles		DDLE	Moody			FIRST ancy	AME	MIDDLE		Cox	AST	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM			ADDRES	SS			
U	NKNOWN	(IF YES, GIVE V	VAR OR DATES)	N/A		Mild	red Jo	hnson	n 1212	2 Hor	mewood	l Av	enue
CERTIFICATION	Conditions, if ony, gove rise to immecouse ial, stotim underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA	nediote ng the lost	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D TO FOR WHICH	NCE OF	cot	sacial	MINAL DISEA		20b. IF YE	S, WERE FIND	NGS US	SED ATH2
MEDICAL CERTI	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 216. INJURY OCCURR WHILE AT WORR NOT WHILE AT WORR	CAUSE OF DEATH CAL EXAMINER) RED	P.A 21e. PLACE C	A. MONTH DA A.	19	216. HOW I		RRED (ENTER	NO	Y IN ITEM 18	PART I OR PART 2]	NO	STATE
72- 5	270.1 certify that (1) sow the decease above. (1) (we) (c 27b. SIGNATURE 27d. PHYSICIANS NA	ed alive an _did) (did nat) Jour AME (TYPE OR P	4.29 view the bady of	F.J.	^	1 D 27e ADDRE	1 E.	MEDICA DIRECTO	R PHYSICI	AN D	19 83 or and from the 22c. DAT 6	couses	D
	SPRITIR TAT	KEMOVAL	6/3/	83 M			CREMATORY		TY OR LOWN		COMNIA		STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

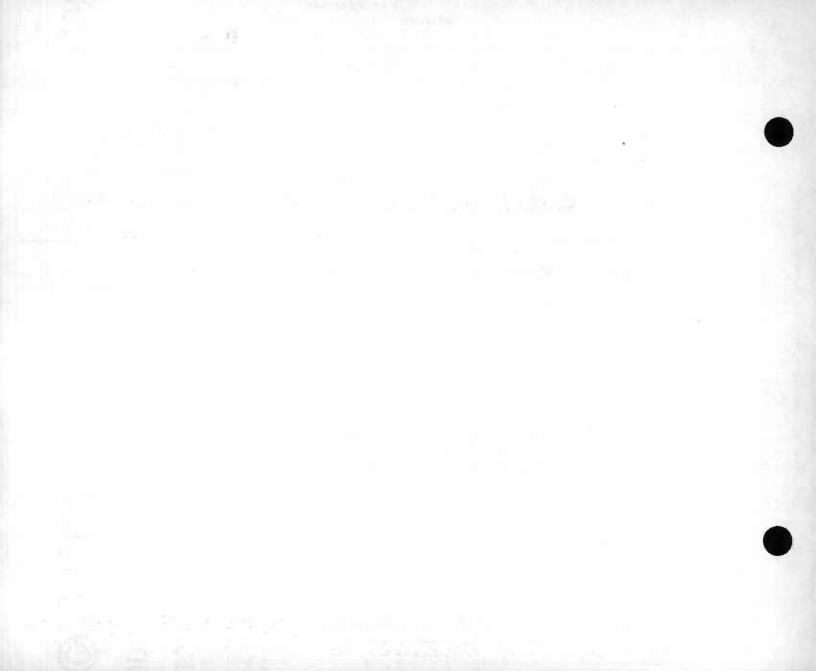
Wm C^{AME} March F/H Inc. 1101^{DDRES} North Ave.

By registrar 25b. Registrar's SUSTATEMENT OF METAL STATEMENT OF METAL



11 100	1-	FOR STATE REGISTRAR	DEP.	ARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	8 REG. N	. 1 2	2 3 :	20
1 (1)		OR PRINT)	ward Jose	ph	BALONIS. BALONIS		S 4	83 =	HOUR 2 10 A JNDER 24 HRS
4 9.9	3. SE)	MALE	1. RACE White	S. DATE C	23 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	HS DAYS HO	URS MIN.
of Conce.		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY O	CITY		MD.
offer of the	10. CI	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST AGI			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF FIREMAN &	F WORKING LIFE)	126. KIND OF BUINDUSTRY B & O R	
hour d in be f	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 421 S. GI	LMOR ST	REET, 2	1223
within soletely and 2 shanes	14. FA	THER'S NAME	MIDDLE LAS		Josephine	UNKN		Fornof	
be executed on and camp s. Pages 1 or e medicalex	(1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO. 07-2086	17. INFORMANT DENISE BALON	ADDR	GILMOR	STREET.	21223
requires that the death certificate be signed by the attending physician. Then please remove carbon papers at burial, cremation, or removal. injury, or other traumatic event, the	z	18. CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE 1629 IMMEDIAN Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (b) (c)	SEQUENCE OF	Bronzhoge NI	AINAL DISEASE OR CON	DITION GIVEN	APPROXIMATI BETWEEN ONSE	
in. has bermit permit are price any any any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	ERE FINDINGS	USED DEATH?
PHYSICIAN: The le ending physicion. this certificate has be build-transit per ad Mental Hygiene d or frem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
G Pt- orther orther ord ked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
TEN ital TOR: or us 21 is		220.1 certify that (I) (this hosp saw the deceased alive an above. (II) (we) (did) (did no 22b. SIGNATURE)	ot) view the body after death.	-	nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STA	FF M		
TO HOSPITAL OR AI retained by the hosp TO FUNERAL DIRECthought by with the State Dept. (IMPORTANI: If them.)		1224 PHYSICIAN'S NAME (TYPE	1 11.		PHYSICIAN 120 ADDRESS S.F. ASME	B Hesp	itist,	Bolt.	173212
PP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	05-07-83		CEMETERY OR CREMATORY VEN MEM. PARI				ZLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR UBBARD FUNERAL	HOME, INC. 41	67 WILKE		TE REC'D. BY REGISTRAL Y 6 1983	REGISTRA	R'S SIGN ABURI	nel

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deoth		REGISTRAR			-	CATE OF DE	ENTAL HYGII ATH	8 S	NO.	2 3	2 2
deot		EASED NAME FIRST		MIDDLE	i.	AST	100	26. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	, , , ,	Philli	Р	F	Banks			May 16	, 1983	3_	
3	3. SEX	S. C.	4 RACE		S. DATE C		YEAR	AGE (IN YEARS LAST &	IRTHDAY)	FUNDER I YEA	
		Male	Bl	ack	3	10	88	95	YRS.		,,,,,
3	CC	THPLACE (STATE OR FOREIGN DUNTRY)	- 100 000	WHAT COUNTRY?	MARRIE(NEVER MA	ARRIED	Baltimore city			
2/1		YORTOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHITY, GIVE STREET A Circle N	DDRESS]	1		12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS C
771	USUA 130. S1 MD	L RESIDENCE (IF NURSING HOME OF TATE 13b. COU!	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CIT		13e. STREET ADDRESS		ad 2	1229
50	4. FA1	William	MIDDLE	Banks		15. MOTHER'S A	RST	E		t	AST .
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADDR	RESS		
1		18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE						nks 1102			d DXIMATE INTERVAL N ONSET AND DEATH
The state of the s		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	r as a conseque	NCE OF	NOT RELATED TO			NDITION GIVE	N IN PART 1	l(o)
2	CERTIFICATION	90 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION		MED	200 AUTOPSY?	IN CERTIFY	ING CAUSE	INGS USED ES OF DEATH?
-01		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETHER, NOTIFY MEDICAL EXAMINE	HOUR A.		Y YEAR	21c. HOW INJU		D (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION	1	A A CITY OR I	OWN	COUNTY	STATE
Z I is morked		22s.l certify that (I) (this hosp sow the deceased alive on above, (I) (we) (did) (did no	5-	15 - 19 0	\$ 7. on	d that in (my) (a	our) opinion de	oth occurred on the	dote and hour	and from th	, that (1) (we) la e causes stated
		226. SIGNATURE Super A	- public		(DEGREE ATT	TENDING TYSICIAN	MEDICAL STA	AFF ICIAN 🗌		E SIGNED
IMPORTANT		22d PHYSICIAN SMAME (TYPE O	JUL	KA	¢Γ,	220 ADDRESS	LACK	RIDGE	Cour	27,	RALTIA 21220
<u> </u>		JRIAL, CREMATION, REMOVAL PBURIAL	23h DATE 5/21			Aubur	n Cem.	Baltin REC'D. BY REGISTRA		COUNTY	Md STATE



(VRA 15, 4)

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00	1-	STATE REGISTRAR	DEF		EALTH AND MENTAL ICATE OF DEATH	8 SREG.	NO. 2	. 5.	2 84
3 7		OR PRINT) GEORGI	6 WIDDIE		arber	2a. DATE OF DEATH	CS 12	_	230AM
(M)	3. SE	Female	Negro Negro	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF U		IF UNDER 24 HRS
orth. Page 72 hour	8	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8 MARRY	NEVER MARRIED		OR COUNTY OF	DEATH	L/ MD
by the fun filed within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME C			ATION	126 KIND OF	BUSINESS OR
in 24 hours	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			13d. INSIDE CITY LIMIT YES NO	S? 13e. STREET ADDRES	ight	5+.	2/23
npletely and 2 sh		THER'S NAME EIRST George	MIDDLE LAST		15. MOTHER'S MAIDER FIRST Hariet	MIDDLE		kerson	
Pages 1	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	SECURITY NO. 2-279 2	Inparte		DRESS	Doeard	12.3
he deoth certificate he ottending physici emove carbanoper motion, or removol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONS	EQUENCE OF	ry failu enal fo	re		APPROXIMA BETWEEN ON AUX	ATE INTERVAL ISET AND DEATH
ires that thi gned by the n please rei burial, crem		underlying cause lost PART 2. QTHER SIGNIFICANT (estive	heart .4	TERMINAL DISEASE OR CO	ONDITION GIVEN	IN PART 1(0)	ek .
The law requires ician. te has been signe sist permit. Then price prior to bun, showrong injury.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FORWI		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDING	
SICIAN: T ng physici certificate orial-transi entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	OR PART 2)	
DING PHYS or ottendin After this se os the bus colth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ATTENDIR spitol or CTOR: A for use of Heoli		22a 1 certify that (1) (this haspi saw the deceased alive on above (1) (we) (did) (did no	tol) attended the deceased fr 5/12 t) view the body after death.		nd that in (my) Jour) opi	inion death occurred on the	dote and hour or		ot()(we) last suses stated
ral OR y y the ho Ral DIRE detached ofe Dept		22b. SIGNATURE Landing	BStouth.	MD	DEGREE ATTENDIN PHYSICIA		TAFF SICIAN	5/1.	2/83
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: IMPORTANT: I		Charles (3. Silvia Jr	Mo	22. ADDRESS Univer	sity of	Marylan	d Ho	spital
BP	(BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial	23b. DATE 5-16-83		Memorial	Pk. Baltimo	ore	OUNTY	STATE Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		JNERAL DIRECTOR NAME OWN/Thompson FF	1 1913 W. Balt			MAY 1 6 1983	AR ST REGISTRAL	2. Com	RE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) MANIC 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX EMALE BLACK JAFAFE 2 DAY 1902AR HOURS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE LISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWENTA DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
12b, KIND (
THELDINGS FERNANDS END LIFE) SHOUSTRY IL CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NO IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) timore 23 BALT. 13e SIREET ADDRESS 13d INSIDE CITY LIMITS? WALBROOK AVE. MD. YESK NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE YANCY GOGGTNS CLAYBORN BATT. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 2375 212-28-6258 FENNELL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 41/2 4/13 Condianyopothy ONGES FIVE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206, IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) foody after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME LITTER CONTRIBUTE Bled 2300

RP

DHMH - 16 50M 4/B2 (VRA 15, 4)

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MPORTANT

24. FUNERAL DIRECTOR

23a, BURIAL CREMATION, REMOVAL

BURTAT

73h DATE

23c. NAME OF CEMETERY OR CREMATORY BUTUS MEMORIAL

23d. LOCATION

BALTIMORE MD ..

STATE

E. NUTTER 3035 WEST NORTH AVE

STATE OF MARYLAND

21	1.	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	IENE 8 GREG. NO	. 1 2	2 3	2 6
		CEASED NAME FIRST E OR PRINT) Rich	nard	MIDDLE L.	Barb	our	20. DATE OF DEATH May 4, 198.	MONTH DA	Y YEAR	2b. HOUR 4:35 a
	3. SE	Male	4. RACE Black				6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HR
35		IRTHPLACE (STATE OR FOREIGN Balto., Md.	U.S.		MARRIE		9 BALTIMORE CITY O Baltimore	_	OF DEATH	
18	Ba	altimore	Mary	SUCH FACILITY, GIVE STREET A	al Ho:	DROTHER INSTITUTION Spital	Porter		12b. KIND OI INDUSTRY NONE	F BUSINESS C
35	Mai	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTE DUNTY	on, give residence before 13c. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS? YES ** NO []	136. STREET ADDRESS 2337 Divis	ion St.	2/2	17
OL		ATHER'S NAME FIRST NOMA S	MIDDLE	Barbour		Anna FIRST	MIDDLE	V	Woods	
1		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES GIVE WAR OR DATES)			Rebecca L. B	arbour 2337	- 0	ion St.	
		couse (o), stoting the	DUETO	OR AS A CONSEQUE	NCE OF				Section 1	
1	CATION	underlying couse lost. PART 2. OTHER SIGNIFICAN	(c)_ VI CONDITIONS Bowel 1		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES, V	VERE FINDIN	GS USED
2	CAL CERTIFICATION	PART 2. OTHER SIGNIFICAN Sepsis, 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	CONTRIBUTING TO DE INTERPRETATION OF INJURY A.M. MONTH DA	OPERATIO		200 AUTOPSY? YES NOW	20b. IF YES, V IN CERTIFY IF YES [VERE FINDIN NG CAUSES	GS USED
2	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICAT Sepsis, 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	DEATH HOUR (AT HOME.	CONTRIBUTING TO DE INTERPRETATION OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES, V IN CERTIFY IN YES (VERE FINDIN NG CAUSES	GS USED OF DEATH?
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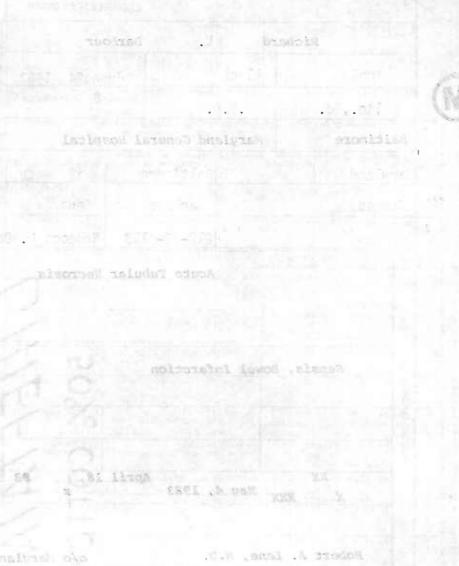
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely Illied in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 74

Wm. C. Brown Comm. F. H. 1206 W. North Ave

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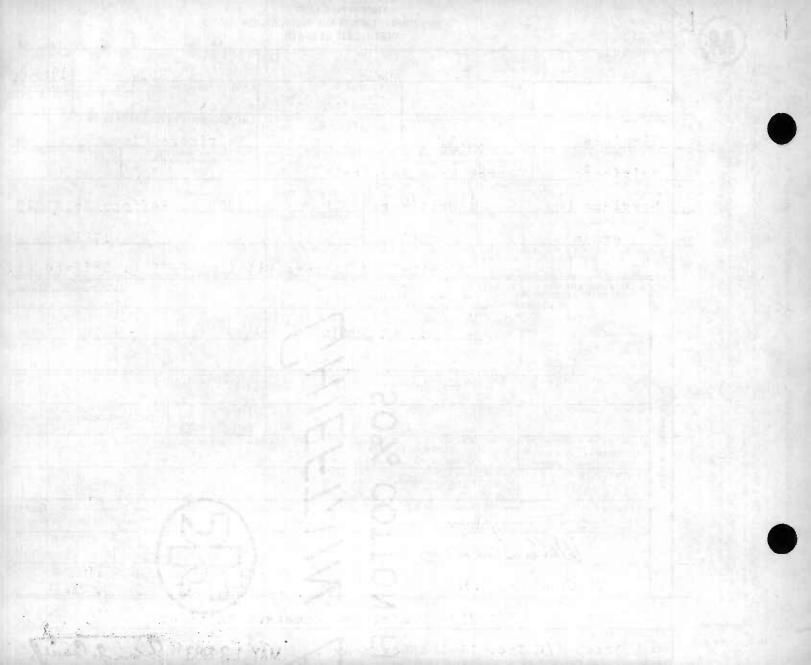
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 5/1/83 Barczak Karen 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER TYR. 21:33 PM M IE UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 5/1/83 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED [DIVORCED NURSING HOME, OR OTHER INSTITUTION Baltimore City Hospital Baltimore 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO | 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR UNDERLYING subject hung self 1:10 P.M. 5/1/83 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED PLACE OF INJURY 21f LOCATION Dundalk, Md. COUNTY WHILE AT WORK AT WORK 5th Ave., basement TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. VECUTE THE CERTIFICATE. VECUTE BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTLIMORE, MARYLAND, 2 220 I certify that I tack Inspection and in my apinion death resulted fram Undetermined manner 5/2/83 ACTUAL Deputy Chief SIGNATURE SIGNED 111 Penn St., Balto., Md. 21201 Thomas D. Smith, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRES: BP UNERAL DIRECTOR 25c. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

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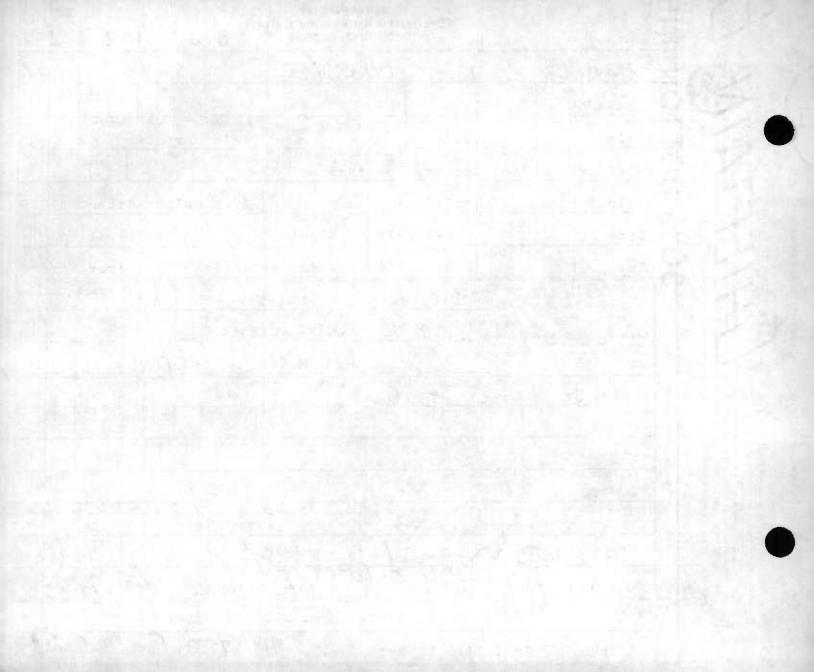
Ų	1 - STATE	DEPART	MENT OF HEA	LTH AND MENTAL HYGI	ENE			42
	REGISTRAR		CERTIFIC	ATE OF DEATH	B RE NO		2 3	5 2 9
	1. DECEASED NAME FIRST	WIDDLE	BAK	KSDALE	2e. DATE OF DEATH	MONTH D	3 - 83	26. HOUR
	3 SEX	4 RACE	5 DATE OF		6 AGE (IN YEARS LAST BIRTI	-	IF UNDER I YEAR	
i	Male	Black	5 MONTH	2 9 3 9 PEAR	43	YRS	TONIHS DAYS	HOURS MIN.
4	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
1	Maryland	U.S.A.	WIDOWED	DIVORCED [Baltimor	e Ci	ty,	WD
É	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	ACCEPTANT OF SHIP	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF			OF BUSINESS OR
	Baltimore USUAL RESIDENCE (IF NURSING HOME OR	Bon Secours		tal				
)	130 STATE 13b COUN		N II	BE INSIDECITY LIMITS?	13e. STREET ADDRESS 29 S Cul	ver	Street	t 21229
į	4 FATHER'S NAME	MIDDLE LAST	1	MOTHER'S MAIDEN NAM	NE MIDDLE			
	Byrd	Barkso	dale	Birdie	WIDDLE		A1	len
Ü	160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES!		7 INFORMANT	ADDRES		100	
Ì	(YES, NO OR UNKNOWN) (IF YES, GIV	213-36-	-5444	Brenda Bar	ksdale 29	S Cı	ulver	Street
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	THE CHARLEST OF STREET	The condition to the time!	OLEKATION	WAS FERI ORMED	YES NO	IN CERTIFY	YING CAUSES	S OF DEATH?
-	OR CONTRIBUTING CAUSE OF OFA		AY YEAR	No. HOW INJURY OCCURRE			hand	
	OR COLINES HIS CAUSE OF DEA	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM, ETC 1	If LOCATION STREET	Elfroy row		COUNTY	STATE
	22a I certify that (I) (this haspit reased alive an (did) (did na	tal) attended the deceased from	3 and	that in (my) (aur) apınıan d	eath accurred an this dat	e and haur		that (I) (we) last causes stated
	22b. showard	han.	400	ATTENDING PHYSICIAN	MEDICAL STAFF		I DATE	4 83
/	22d. PHY CIAN S NAME (14PE O	U. BALTIMORI	1.5	150 MEST RAX	THORE	de	02/1	223
	23a. BURIAL, CREMATION, REMOVAL BURIAL			S Mem. Pk.	AT DULU	s	COUNTY	Md .STATE

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Md .STATE

Wm C March F/H Inc. 1101^{ADDM} North Ave.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR G NO . DECEASED NAME 20. DATE OF DEATH MONTH YEAR 7b. HOUR (TYPE OR PRINT) WILLIE BARNARD 3. SEX 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS 70 BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE UNION MEMORIAL HOSPITAL abonen MAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e. STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) beloves Milburn 12081 Ik CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Preumonia gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF from underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a IN DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STREET COUNTY STATE NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 5/19 abave (1) (we) did (did not) view the bady after death. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

201 E.

University Pkwy. Balto. 21218

DHMH - 16 50M 1 (VRA 15, 4)

ROBERT TANO, M.D.

23b DATE

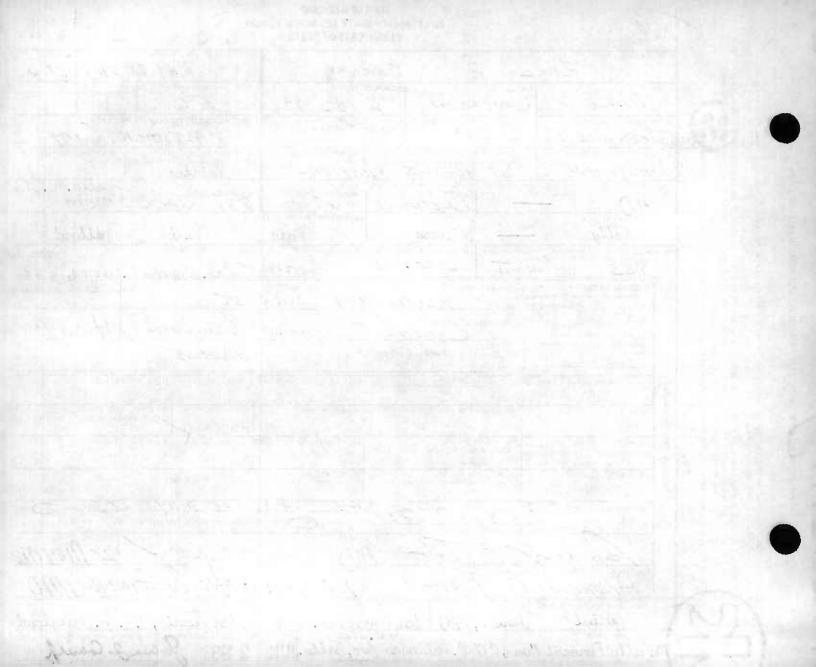
230. BURIAL, CREMATION, REMOVAL

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val tiller west driving deal delti .m. John Jeauc Colical Center Bothtoll on v strop at St 910 116 1901 coal rice Harncord, or. any i i mills. . THA SOMPOVERIOR FOR res II M 216-03-40 3h ininia wam cord Balut or , 1231 · DM erial 5/25/33 Lorroine ard ero. L. L. L. ...lan Seitz, Jr. 3 le clane ere, colto.21211

12	FOR	DEDADTE	MENT OF HEALTH AND MENTAL HYG	LIENE	
6 1	 STATE REGISTRAR 	OLI AKII	CERTIFICATE OF DEATH	8 REG. NO. 1	2 3 3 2
	CEASED NAME FIRST E PRINT)	MIDDLE	BARNES	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 195
-red 1.5		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
1	MALE	CAUCASIAN	6 22 19 26	56 YRS.	MONTHS DAYS HOURS M
70.	RENVILLE, VA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DOWNCED	9. BALTIMORE CITY OR COUNT	ORE CITY
selfie 10	SALTIMORE	11. NAME OF HOSPITAL, NURSIN	IG HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Painter	126. KIND OF BUSINESS
8 / USI	7	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS	Balto. Nd. 2
	ATHER'S NAME	1/3BITIM	15. MOTHER'S MAIDEN NA	831 VACK	STREET
e company	Kelly	MIDDLE Barnes	FIRST Mary	Mipple Ruth	Pollard
	WAS DECEASED EVER IN U.S. A		RITY NO. 17. INFORMANT	ADDRESS	Same
ше /		WWII 22720	1811 CHAN	15 Mas Blanche	G. Barnes # 1
# #	18 CAUSE OF DEATH (Enter of	only one couse per line far (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUS	ATE CAUSE (0) 1651	CIRATORY HARA	2637	
patic	4960	DUE TO, OR AS A CONSEQUE	INCE OF	0	11
e u	Canditians, if any, which	(b) CHROI	/ / /	Cumonany	7 DAYS
r tro	gave rise to immediate couse (a), stating the	(6)		DISEASE	
othe	underlying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF	VISBITSB	
à	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION G	IVEN IN PART Ita
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8 shows any injur	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
IFI Y	Part Control				IFYING CAUSES OF DEATH?
ž I	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
- / /	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
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WE SO	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STAT
A Marked	AT WORK		2.1 10 011	7 E HO DO	P7 ~
5	220.1 certify that (It this hase	attended the deceased from		to 28 MAY	, 19, that (I) we
5	obove, (I) we (and odid n	n 28 M A 19 0 at) view the bady after death.		death accurred an the date and ha	
c		11	DEGREE		221. DATE SIGNED
Hem	276 SIGNADORE	1			
T: If Item	276 SIGNATURE	VF. Tyl-	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	28/11/14/
2 2	226. PHYSICÍAN'S NAME (TYPE	OR PRINT		DIRECTOR PHYSICIAN	28/1/1841
2	228. PHYSICIAN'S NAME (TYPE	ORPRINITE TROPA	PHYSICIAN	DIRECTOR PHYSICIAN [28 /11841
PORTAN	22d PHYSICIAN'S NAME (TYPE	T. TROFA	1720 ADDRESS 900 CATE	DIRECTOR PHYSICIAN DE BALT	28 111841 1 MORE, MI
MPORTANT	22d PHYSICIAN'S NAME (TYPE BURIAL, CREMATION, REMOVA	7- 706FA 1 236. DATE 23c. 1	PHYSICIAN [1720 ADDRESS 900 CATTO	DIRECTOR PHYSICIAN DIVIDING BALT	28 MAY 1 TIMORE, ML SOUNTY M SJAT
23a	224 PHXSICIAN'S NAME (TYPE TO REN BURIAL, CREMATION, REMOVA	T. TROFA	PHYSICIAN [170 ADDRESS 900 CATE NAME OF CEMETERY OR CREMATORY ON Haven Mem. Park	DIRECTOR PHYSICIAN NO SHE. BALT 1234 LOCATION	18 MAY 1 1. MORE, MI . A. Co. Manyla

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MARYLAND 2120

DIVISION OF VITAL RECORDS,

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

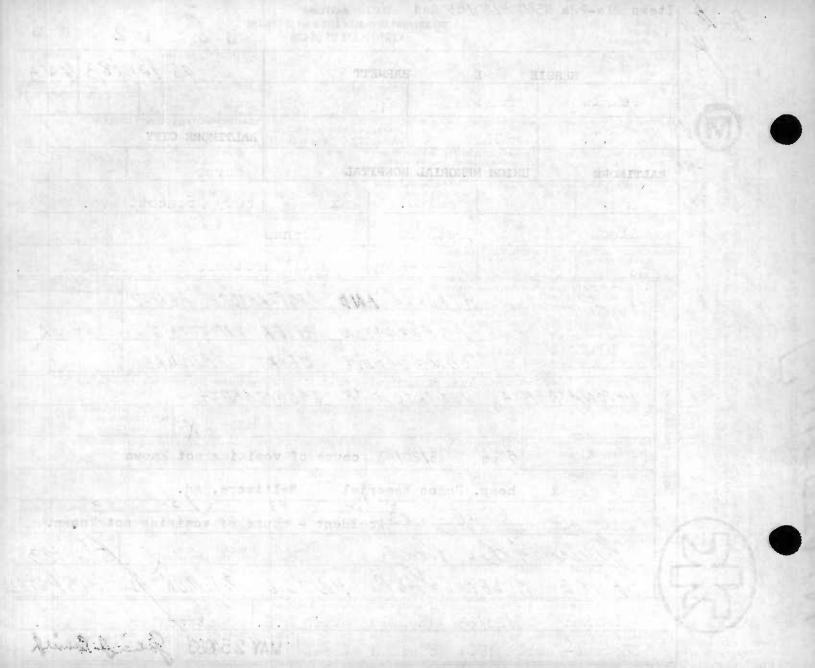
CERTIFICATE OF DEATH

FOR

- STATE

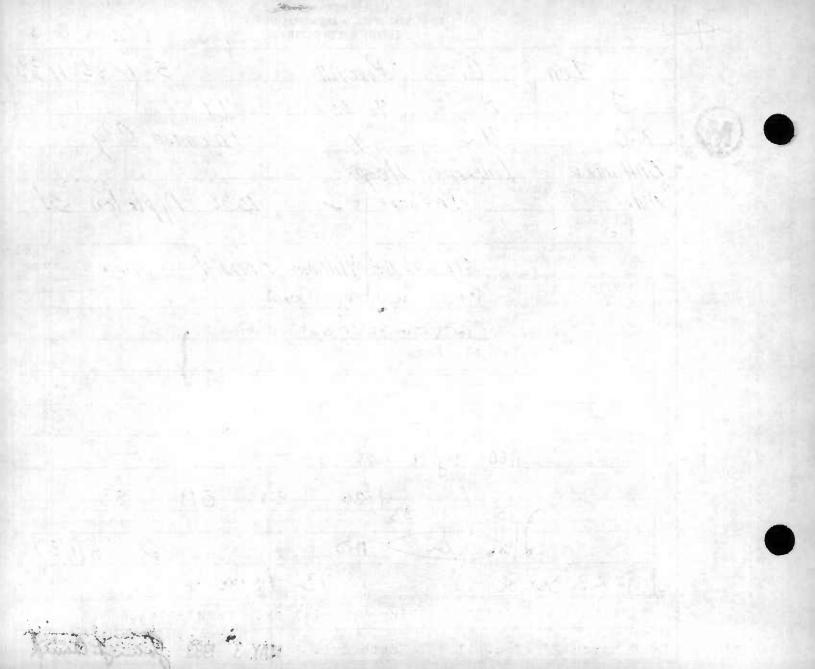
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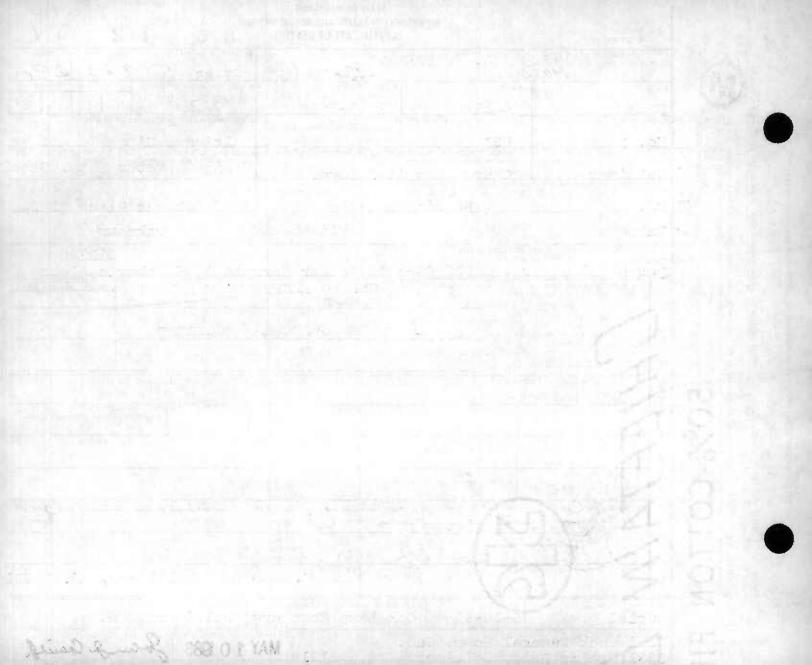
9-1		REGISTRAR				CATE OF DEATH	REG, NO		Office Toronto
m = / 1		CEASED NAME FIRST OR PRINT)		WIDDLE	LAS		20. DATE OF DEATH	5 /211	82 12 HOU
900	3. SE:	BESS	SIE 4. RACE	L	BARNET 5. DATE OF		6. AGE (IN YEARS LAST BIR	,	83 6 2
	3. SE.	Female	Bla	CK	MONTH 10	26 07	75	YRS.	S DAYS HOURS
W1)//	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	MARRIED WIDOWED	☐ NEVER MARRIED ☐ DIVORCED ☐	9. BALTIMORE CITY O		DEATH
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ond 2 sh	14. FA	THER'S NAME	WIDDLE	Brothe		15. MOTHER'S MAIDEN NA			Sawyer
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ing the state of t	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost underlying couse lost the underlying couse to contributing cause of (if either, notify medical example underlying and underlying course the underlying course	DUE TO. (c) NT CONDITIONS C FMJA 196. CONT PDEATH HOUR A PORT (a) HOME S hOST aspital) attended	OF INJURY OF INJURY TREET, FACTORY, OFFICE The deceased from	TRATZ DUENCE OF 3 EST 7 O DEATH BUT N R Z UV CH OPERATION (20) / FAR CE. FM. ETC.) T. M. M. M. O. T. M.	NOT RELATED TO THE TERM AR TACH I WAS PERFORMED 21c. HOW INJURY OCCUP CAUSE OF V 21l. LOCATION I Al STREET Bal 19 83	MINAL DISEASE OR CONI CARD TA 200. AUTOPSY? YES NOT REPO (ENTER NATURE OF INJUINOMITTING NOT timore, Md.	URE 20b. IF YES, WEI IN CERTIFYING YES RY IN ITEM 18 PART I C known 21 19	RE FINDINGS USE CAUSES OF DEAT NO DRPART 2)
L D/RECTOR. After this certificate has been signed by the nocked for use as the buriot-transit permit. Then please rene Dept. of Health and Mental Hygiene prior to buriot, crem if hem 21 is marked or Item 18 shows any injury, or ather.	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost underlying cause lost HAP DO NATK 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOT WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 22a. I certify that (I) (this h saw the deceased alwork obove, (I) (we) (did) (did) 22b. SIGNALUBE	DUE TO. (c) NT CONDITIONS (C) FOR ATH HOUR A HOUR	OF INJURY OF INJURY TREET, FACTORY, OFFICE The deceased from	TRATZ DUENCE OF 3 EST 7 O DEATH BUT N R Z UV CH OPERATION (20) / FAR CE. FM. ETC.) T. M. M. M. O. T. M.	NOT RELATED TO THE TERRY AR TACH I WAS PERFORMED 211. HOW INJURY OCCUR CAUSE OF VO 211. LOCATION STREET Bal 19 83 LINE PHYSICIAN ATTENDING PHYSICIAN	MINAL DISEASE OR CONICAPO TA 200. AUTOPSY? YES NOT REPORT OF INJURIED OF INJURIED OF INJURIED TO THE POPULATION OF THE	URE 20b IF YES, WEI IN CERTIFYING YES RY IN ITEM 18 PART 1 C KNOWN WN 19 11 11 11 11 11 11 11 11 11 11 11 11	RE FINDINGS USEE CAUSES OF DEAT NO COUNTY S 3, that (I) (1)
INECTOR: After this certificate has been signed by the held for use as the burial-transin permit. Then please reniept, of Health and Mental Hygiene prior to burial, cremitem 21 is marked or Item 18 shaws any injury, or other.	MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost underlying couse lost the underlying couse to contributing cause of (if either, notify medical example underlying and underlying course the underlying course	DUE TO. (c) NT CONDITIONS (C) FMJA 198. CONT 198. CONT POEATH HOUR A NINER) 216. PLACE (AT HOME S NOS I CONT CONT A CONT POEATH POEATH A CONT A	OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE OF INJURY TO DETAIL TO THE OF INJURY TO THE OF INJ	CE. FARM ETC.) CALLED A COLOR OF THE COLOR	NOT RELATED TO THE TERM AR TACH I WAS PERFORMED 211. HOW INJURY OCCUR CAUSE OF VO 211. LOCATION 1 a1 STREET Ba1 19 53 C'ÉCREE ATTENDING	MINAL DISEASE OR CONICAPO TA 200. AUTOPSY? YES NOT REPORT OF INJURIED OF INJURIED OF INJURIED TO THE POPULATION OF THE	URE 20b IF YES, WEI IN CERTIFYING YES RY IN ITEM 18 PART 1 C KNOWN WN 19 11 11 11 11 11 11 11 11 11 11 11 11	RE FINDINGS USE CAUSES OF DEAT NO DRPART 2)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH LITYPE OR PRINTE 3. SEX 4. RACE 6. AGE IIN YEARS LAST BIRTHOAYS IF UNDER 1 YEAR 04 78 a BIRTHPLACE LISTATE DIFFOREIGN OF WHAT COUNTRY? 7h CITIZEN 9 BALTUMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED. 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 21217 13b COUNTY 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALC: UNDER MIDDLE LAST Jack Carr Martha 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT Circle NO NOOR UNKNOWN LIF YES, GIVE WAR OR DATEST 7224 Oakhaven JR. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY diorespirator OBSTRUCTION. INJESTINGL Conditions, if ony, which gove rise to immediate couse lol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IN DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSYS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO IT The ACCESSIVE WAS UNDERLYING. 21b. TIME OF INJURY THE HOW INJURY OCCURRED. (INTID NATURE OF POWER IN THE THE PART I DEPART 2) HOUR A.M. MONTH DAY YEAR OR CONTEMUTING CHIEF OF DEATH OF ETHER HOTER WEDICAL EXAMINEED DUPM May 100 THE INJURY OCCURRED 0 HE PLACE OF INJURY 211 LOCATION EAT HOME STREET ENCYONY, OHICE, EARN, ETC. CITY OR FOWN COUNTY STATE ked AGEWHILE L 22x I certify that (I) (this hospital) saw the deceased alive above, (h (we) (did) (did) . ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 72h SIGNATURE ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) JZ+ ADDRESS should be with the MAPORTA 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY SPEBURIAL 5/6/83 King Memorial Pk. Ransdalltown Md. BP 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 25 DHMH - 16 50M 1/81 Wm C March F/H Inc. 1101 North Ave. (VRA 15, 4)

STATE OF MARYLAND





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Wm C March F/H Inc. 1101 E North Ave.

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	KEG.	NO.	1 3	2 ,	3	4	0
B	4765	20. DATE C	OF DEATH	20		-63	-	To	UR A
S. DATE C	F BIRTH O7	6 AGE (IN	YEARS LAST		rRS.	UNDER 1	PAYS	HOURS	R 24 HRS
HAT COUNTRY? 8. MARRIEI WIDOWE		9. BALTIM	ORECITY 11ti	-					MI
OSPITAL, NURSING HOME C FACILITY, GIVE STREET ADDRESS) Charles Gene	eral Hospit	120 USUA (TYPE OF WO				12b. KII INDUS		BUSIN	ESS OF
ive residence before admission) 3c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO []	13e. STREE	TADDRES		igwo	od	St	. 2	212
Bates	Patsy	ME	MIDDLE			Pr	at:	t	
66 SOCIAL SECURITY NO. N/A	Sadie Mort	on 93		ent c	n A	ver	nue		

		1 10010		- 1 -	-			TKJ.		
阏		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
5		irginia	U.S	. A .	WIDOWE		Baltime	ore Ci	ty,	MD.
A		TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF B	USINESS OR
	B	altimore				eral Hospit		1 TORKING (II E)	114003111	
3	U5UA 13a S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		ryland	VII	Baltim		YES X NO []		Longwo	od St.	2121
		THER'S NAME				15. MOTHER'S MAIDEN NA	AME			
)	Leonard	WIDDLE	Bates		Patsy	MIDDLE		Pratt	
1	16a W	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
		IKNOWN (IF YES, GT	VE WAR OR DATES)	N/	A	Sadie Mort	on 930 Lei	nton A	venue	
		18 CAUSE OF DEATH (Enter o		line for (a), (b), one	dicut				SETWEEN ONS	ET AND DEATH
		PART I. DEATH WAS CAUSI	TE CAUSE (b)	SEPTI	CEI	MA				
		2030		R AS A CONSEQUE	MCE OF			-1		
		Conditions, if any, which	(b)	NULTIE	IE	MUELDUA				
		gove rise to immediate couse (a), stating the	10)	A CONCEOUS	NCE OF					
	- 9	underlying couse lost.	DUE 10, OF	R AS A CONSEQUE	INCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
	Z									
7	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS	
See a	Ē						YES NOW	YES	NG CAUSES OF	NO [
A	E.	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c HOW INJURY OCCUI	RRED (ENTER NATURE OF MILL	RY IN ITEM 18 PAR	T I OR PART 2)	
1	1	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (17	211. LOCATION				
	WE	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) (this hosp	tol) attended the	e decented from	03.	-31- 100-	1003-3	1 12	tho	ot (I) (we) lost
		sow the deceased alive or	205-1	19 2	33,0	nd that in (my) (our) opinior	death occurred on the d	ate and hour c		
		obove, (I) (we) (did) (did/ni	view the body	ofter death.		DEGREE			22c DATE SIC	GNED
		Peravy	and	000	M	ATTENDING PHYSICIAN	MEDICAL STA		5/7/	183
1		226. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		7	1111	-
		CESAR G	AMB	04 M	1	To NOHA	lles GER	ERA	165	PITAL
		URIAL, CREMATION, REMOVA	123b DATE	122. 8	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		1,7	

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm CAMEMarch F/H Inc. 1101DDR North Ave.

BURIAL

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

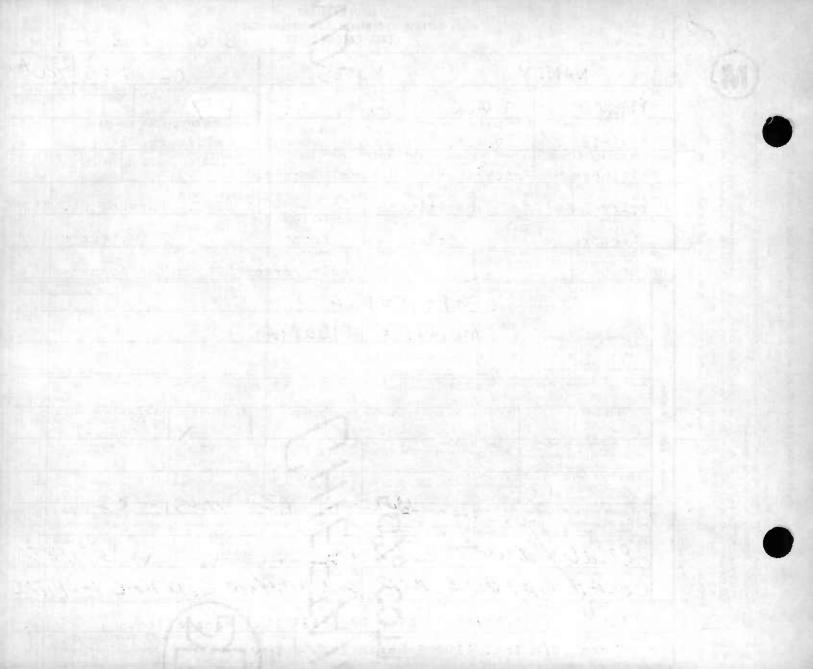
NANCY

King Memorial

5/12/83

23d LOCATION
CITY OR TOWN
Ransdalltown

Md.



requires that the death certificate be executed within 24 hours after

poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-12	1	9		13	
KEG. NO.	•	Con	4	-	

	REGISTRAR				REG.	NO.			
	CEASED NAME FIRST	MIDDLE	LA	151	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	FLAIN	t NMI	BP	ITSON		5 2	6 83	7-201	
3. SE		4 RACE	5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 H	
	& FEMALE	BLACK	03	07 33	50	YRS	ONIMS DAYS	HOURS	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
N	TARYLAND	U.S.	WIDOWE		BALTIN	YORE	LITY		
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME O		120 USUAL OCCUP	ATION	12h KIND C	F BUSINESS	
B	ALTIMORE	(IF NOT IN SUCH FACILITY, GI		ARVLAND	UNEMPL	OVE N	INDUSTRY		
USUA	AL RESIDENCE (IF NURSING HOME OR		CE BEFORE ADMISSION)				-	.21.	
	ARYLAND 136. COUN		TIMUYLE CTY	YES NO	13e STREET ADDRES		C A	enve	
	ATHER'S NAME	17/70		15. MOTHER'S MAIDEN NA		100	Z AV	enue	
1.		MIDDLE L	LAST	FIRST	WIDDIE	and the same	LAS		
160 W	JOSEPH VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	MARY 17. INFORMANT	ADI	ORESS .	SA SA	TTERF	
		THE CONTRACTOR	30-8973		ins 1278	W.f.	1 0	1 2,-	
				4620 WILL	102 /2/0	1 / Imil			
0	18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	ly one cause per line far (a)), (b), and (c)				BETWEEN	MATE INTERVAL DISET AND DEA	
	IMMEDIAT	E CAUSE (a) CAR	DIAC	ARNEST					
	20/1								
	2061 DUE TO, OR AS A CONSEQUENCE OF								
	2061			MI DIEE!	Vial C				
	Conditions, if ony, which			MAL BLEET	DING				
	Conditions, if ony, which gave rise to immediate cause (a), stating the	(b) 6AST	POINTESTI	ML BLEET) in G				
	gave rise to immediate	DUE TO, OR AS A COL	POINTEST!			A			
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	NO NIESTI NSEQUENCE OF ONIC M	onocytic	LEUKEMI		EN IN PART 1		
NOI	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A COL	NSEQUENCE OF ONIC M	OND CY TiC	LEUK EMI		N IN PART 11		
CATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	NOINTESTI NSEQUENCE OF ONIC M NG TO DEATH BUT N RE AN	ONOCYTIC NOT RELATED TO THE TERM ND SEPSIL	LEUK EMI	20b. IF YES,	, WERE FINDIN	VGS USED	
TIFICATION	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	Due to, or as a col (c) CHR ONDITIONS CONTRIBUTION FAILU	NOINTESTI NSEQUENCE OF ONIC M NG TO DEATH BUT N RE AN	ONOCYTIC NOT RELATED TO THE TERM ND SEPSIL	LEUK E WIN	20b. IF YES, IN CERTIFY	, WERE FINDING CAUSES	NGS USED OF DEATH?	
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	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER; AT WORK NOTIFY MEDICAL EXAMINER.	DUE TO, OR AS A COI CO CHO ONDITIONS CONTRIBUTION 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI) ottended the deceased MAY, 25 New the bady ofter death	NSEQUENCE OF ONIC M NG TO DEATH BUT N PE AN WHICH OPERATION ITH DAY YEAR 19 OFFICE FARM, ETC) If from NAY 19 D. OFFICE	ONO CYTIC NOT RELATED TO THE TERM D SEPSIL WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION STREET 19 83 d that in (my) (aur) apinion of the company	INAL DISEASE OR CO. 200 AUTOPSY? YES NO. RED (ENTER NATURE OF IN CITY OR , to MAY deoth occurred an the	20b. IF YES, IN CERTIFY YES NJURY IN ITEM 18 PA	WERE FIND IN / ING CAUSES	NGS USED OF DEATH? NO STATI	
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WEDICAL	gave rise to immediate cause ion, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER; 270.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 27b. SIGNATURE 27d. PHYSICIAN'S NAME [TYPE OF COURSED OF COURSE]	DUE TO, OR AS A COI ONDITIONS CONTRIBUTION PAN DISCONDITION FOR 196 CONDITION FOR 116 CONDITION FOR 117 PLACE OF INJURY (AT HOME, STREET, FACTORY, OI) attended the deceased MAY, 25 OI) view the bady ofter death PRINTI	NSEQUENCE OF ONIC M NG TO DEATH BUT N PE AN WHICH OPERATION ITH DAY YEAR 19 OFFICE FARM, ETC.) I from NAY 19 19 19 19 19 10 11 12 12 12 12 12 12 13 14 15 16 17 17 18 18 19 19 19 10 10 10 10 10 10 10	ONO CYTIC NOT RELATED TO THE TERM D SEPSIL WAS PERFORMED 211 HOW INJURY OCCURI 211 LOCATION STREET 19 93 4 that in (my) (aur) apinion EGREE ATTENDING PHYSICIAN [220 ADDRESS 220 S. GYLEE	VEUK E WINAL DISEASE OR CO. 200 AUTOPSY? YES NO. RED (ENTER NATURE OF IN CITY OR A DIRECTOR PHY: WE ST.	206. IF YES, IN CERTIFY YES NJURY IN ITEM 18 PA TOWN dote and haur SEFF SICIAN A CT MO M D 2	WERE FINDING CAUSES COUNTY 9 23 ond from the	STATE STATE STATE STATE STATE STATE STATE STATE STATE	

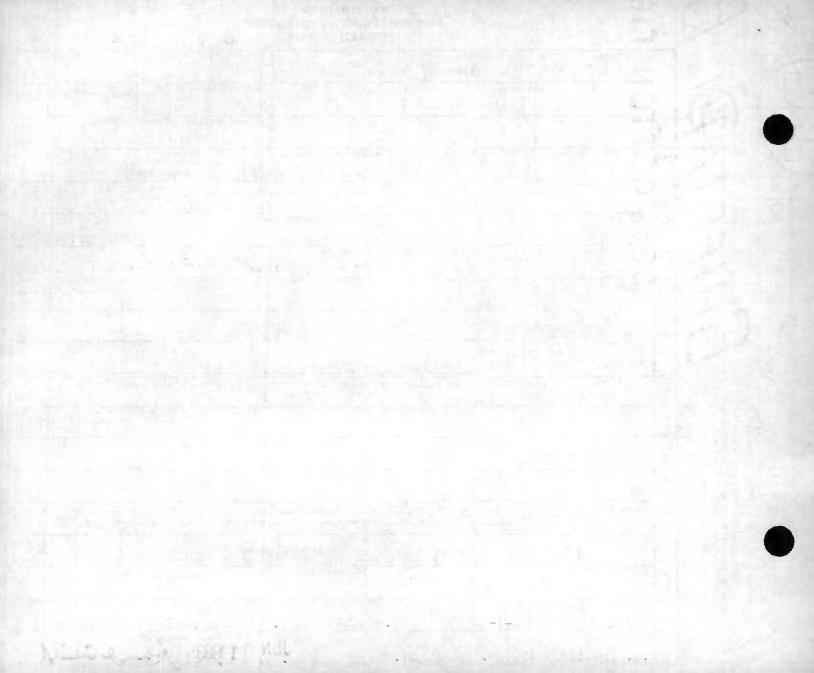
DHMH-1650M1/BI (VRA15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remave carbanappe with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH YEAR 2b. HOUR May 22, 1983 2:45 Beber IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 13 70 White 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Baltimore City U.S.A. DIVORCED [WIDOWED MD.

¥	/ Poland	U.S.A. WI	DOWED DIVORCED	Baltimore	City
Ti	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Baltimore City	Maryland General	Hospital	Electrician	PORKING LIFE) INDUSTRY Electrical
	USUAL RESIDENCE (IF NURSING FOR THE STATE IT NUMBER OF THE STATE IT		13d. INSIDE CITY LIMITS? YES MO	13e. STREET ADDRESS 1600 West	Mt. Royal Ave. Apt
14	4. FATHER'S NAME FIRST MID	DLE LAST Beber	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
16	60 WAS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECURITY		er 10 Guy	New Jersy Ave. East Brunswic
		one couse per line for (a), (b), and (c). BY: CAUSE (a) Cardiac Arr			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) Myocardial DUE TO, OR AS A CONSEQUENCE	Infarction	cular Disease	
		nditions <u>contributing to deat</u> ht pleural effusi	on (Adenocarcino	oma lung)	
	Malignant rig	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED		NO. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTION CALLES OF BEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY)	IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK IN WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	21f. LOCATION STREET	CITY OR TOWN	
	220.1 certify that X (this hospitol sow the deceased aliverage above. A (we) (did) (die net)) ottended the deceosed from Ma May 22 19 83 view the body ofter death.	$\sqrt{18}$, 19 8		, 19 83 , that \$41 (we) lost and hour and from the causes stated
	22b. SIGNATURE	244	PHISICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
	22d PHYSICIAN'S NAME ITYPE ORP	nyuo, M. D.	c/o Maryla	nd General Ho	ospital
1	23e. BURIAL, CREMATION, REMOVAL		E OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

m 18 sh

MPORTANT: If Item 21 is marked or Ite should be detached for use as the with the State Dept. of Health and TO FUNERAL DIRECTOR: After

> 24. FUNERAL DIRECTOR Marzullo Funeral Service

Burial

FOR STATE

REGISTRAR

Morris

4 RACE

DECEASED NAME

Male

To BIRTHPLACE (STATE OR FOREIGN

3. SEX

ADDRES Reisterstown, Md.

Kensico Cemetery

Pleasant West Chester N

COUNTY



STATE OF MARYLAND

DEPARTA

	AND MENTAL	HYGIEN	8
LASI		20	DATEC

8	REG. N	10.	2	Ü	4	j
a. DATE OF	DEATH	MONTH 5	DAY	83	26. HO	

-	Zebedee	DDLE
	1. RACE	5.

76. CITIZEN OF WHAT COUNTRY?

DATE OF BIRTH MA

1900

DIVORCED

NO

6. AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

121 KIND OF BUSINESS OR

IF LINDER 24 HRS

IF UNDER 1 YEAR

I STATE OR FOREIGN

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CITY OR TOWN

YES T

13d INSIDE CITY LIMITS?

MARRIED NEVER MARRIED

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ONGSHOREW

13e. STREET ADDRESS 507 GROVEL

14 FATHER'S NAME

- STATE REGISTRAR 1. DECEASED NAME (TYPE OF PRINT)

70. BIRTHPLACE

130 STATE

medicol

oth

20

S

00

0

a prior ony CERTIFICATION

3. SEX

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per la for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY:

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF

13b. COUNTY

15. MOTHER'S MAIDEN NAME

17. INFORMAN

MIDDLE ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

DN Arc

BROWN 5507 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMM	MEDIATE CAUSE (a)
5850	DUE TO
Canditions, if any, wh	
gove rise to immedia cause (a), stating	the DUE TO
underlying cause la	ast.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

 ACCIDENT WAS INDERINGED	0.15	TIAAF	OF	15 (11)

HOUR A.M. MONTH

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [

216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

DAY YEAR 19

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK

19a DATE OF OPERATION

P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET

CITY OR TOWN COUNTY STATE

22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased olive an obove, (I) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE

DEGREE ATTENDING MEDICAL PHYSICIAN

22c. DAVE SIGNED STAFF DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL

23b. DATE

230 NAME OF CEMETERY OR CREMATORY

23d. LOCATION BADTIST CHURCH CEM

NORTH WABER CANDO

24 FUNERAL DIRECTOR

(SPECIFY)

HOME

ADDRESS

and that in (my) (aur) opinian death accurred on the date and hour and fram the causes stated

DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT

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77d PHYSICIAN'S NAME (TYPE OR PRI

FUNERAL

Zebalage The second of th VEH VISH ASIA PIVINERV A through the bound of the second DALSTINE VENEZIONE DE MIZELE MAZZEL The state of the state of the 23 FIRE CONTRACTOR OF THE PARTY Level tooking a fair their same THE CONTRACT OF THE CONTRACT O

8	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 SEG. NO. 1	2344
n £	I. DECEASED NAME FIRST (TYPE OR PRINT) GEORGE	WALL	BELL	20. DATE OF DEATH MONTH	5/33 1/A M
(M)	3. SEX Male	4. RACE White	S. DATE OF BIRTH Oct. 8, 1896	6. AGE (IN YEARS LAST BIRTH ATT)	WOHTHS DAYS HOURS MAN
25 ment of 255	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Baltimore City	
Of the same	10 CITY OR TOWN OF DEATH Baltimore	Long Green Nut	rsing Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Salesman	126 KIND OF BUSINESS OR INDUSTRY Retail
filled is	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13C. CITY OR TOW Baltime		130. STREET ADDRESS 1100 Ramblewoo	od Rd 21239
and 2 sh	14 FATHER'S NAME FIRST George	MIDDLE Bell	15. MOTHER'S MAIDEN NA Julia	MIDDLE	Hansford
Pogns Co	16a. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 164 SOCIAL SECULATION (1997) 1997 1997 1997 1997 1997 1997 1997	Mrs. K.H.Burd	cham 209 Deerfox	La. 21093
the death certificate a the attending physical remove curbon papers entron, or removal er fraumatic event, the	PART I. DEATH WAS CAUS AMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the	nly ane cause per line far (a), (b), an ED BY: ITE CAUSE (a) DUE TO, OR AS ASCONSTOUL (b) DUE TO, OR AS A CONSEOUL	ence of clare fie	Heart Diseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to been signed by permit Then please print Then please print to build, or a got injury, or all	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	phono si	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
G PHYSICAN TO Ottending shrinked to the busing manual to a she busing manual to and Mental tryple riked at large B sha	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DILE ETHER, NOTIFY MEDICAL EXAMINATION OF WHILE ALWORK ALWORK ALWORK	HOUR A.M. MONTH D.	AY YEAR 19 211 LOCATION	YES NO YI	PART OR PART 2) COUNTY STATE
PITAL OR ATTENDING by the hospital or c IERAL DIRECTOR: Aft se detached for use as State Dept. of Health ANT: If Hem 21 is mort	22a.l certify that (I) (this has	R. Fallman	DEGREE ATTENDING PHYSICIAN 127e ADDRESS	death accurred an to date and had	tr and from the causes stated 11c OAT SIGNSO
TO HOS retained TO FUN should be with the IMPORT	Norman R.	Freeman Jr.	11 W. 29th		

TO HOSPITAL OR AT BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 5-10-83 24 FUNERAL DIRECTOR

23b. DATE

City Cemetery Mitchell-Wiedefeld Home 6500 York Rd 21212

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Roanoke Virginia

250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

COUNTY

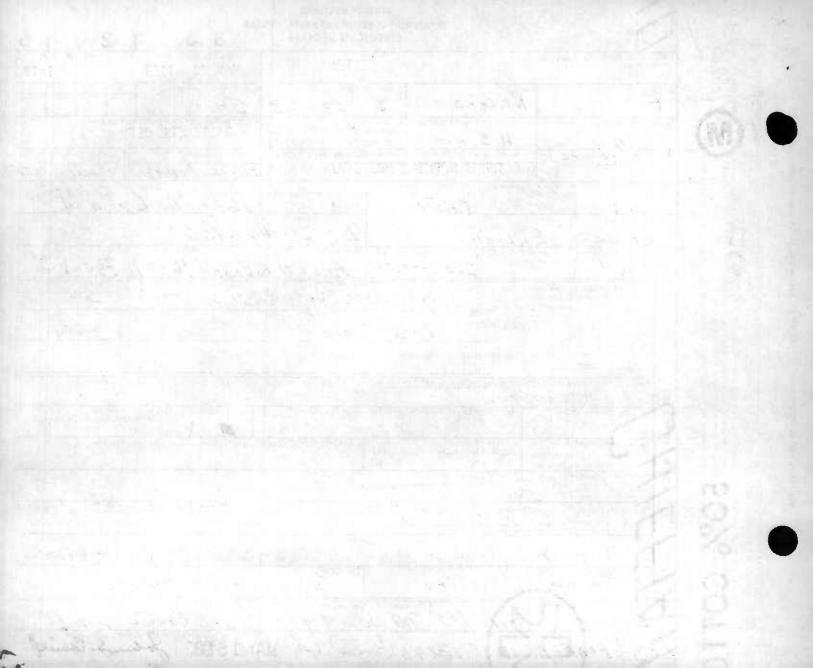
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4)	1. DE	REGISTRAR CEASED NAME	FIRST	77166	WIODLE	LAAMIN		LAST	CATEO	-		REG. N	S. Gires	OAY YEAR	2b HOUF
	Market	(TYI	E OR PRINT)	HENRY	,	R.	BFI	т				OF DEATH	E311- "	5-7-	-83	100
	A CHEST	3. SE	(4. RAC	E S	DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER I YR.	IF UNDER		DATE		MÖNTH	DAY YEA	20,1100
	X2588		MI	N	9/20/03	YEAR	79 YI	. Internal	DAYS	HOURS	MIN P	DE AD	CED	5-7-	-83	4:5
-	1		RTHPLACE (STATE OR	7	b. CITIZEN OF WH	AT COU	NTRY?	8 MARRI	ED NE	VER MARRIE	ED 0	BALTIM	ORE CITY	OR COUNT	Y OF DEATH	
•	E 11 30	1	MD		US		10	WIDOW		DIVORCE			imore	City		W
	10	10 C	TY OR TOWN OF DE	ATH I	1. NAME OF HOSE (IF NOT IN SUCH FAC	ILITY, GIVE	STREET AOORESS)	, OR OTH	ER INSTITUT	TION	FOR MC	ST OF WORK			12b, KIND OF OR INDU	STRY
	DS H P		Baltimore AL RESIDENCE (FINAL	IRSING HOME OR (4520 Yor	k RO	ad F BEFORE ADMISSI	ONI					ver-		sporta	
21201	AND SELVEN SELVE		MD	13b. COUNTY		13c, CIT Ba	or town	JAJ	13d INSIDE (I Yes ⊠	NO 🗌	13e STREE 4609	1 ADDRES	ss rnwc	ood A	ve. 2	1212
MD.	PATH. IF	14. F	ATHER'S NAME	Electric i	MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	M	OOLE		LAST	
ORE,	DEATH PAND		Walter		S.		Belt	4110	E'	lizabe	eth		M.		/ehn	
BALTIMORE, MD.	S AFFER DE GIVE PAGE IITH FORM PAGES 1 AI		VAS DECEASED EVER ES, NO, OR UNKNOWN)	(IF YES, GIVE WA			CIAL SECURIT								1.45	
BAL	JRS AFFER 3. GIVE PA WITH FOR DIVISION		NO 18 CAUSE OF DEA	M /F - 4 1	P		26 6	35	Ellee	n F.	Coc	per,	Ba	alto.,	MD	ATE INTERVAL
ST.	\$ \$ \$ \$ \$ \$		PART I DEATH W	AS CALISED E	one cause per line : SY: CAUSE (o)			~ of	a.rm							ISET AND DEATH
O.	IIN 24 HOUR, IN ITEM 18. R ALONG W. USIT PERMIT. HYGIENE, DI	18	9560	IMMEDIATE			NSEQUENCE		al III	7		1111				
PRES	THIN THIN THIN THIN THIN THIN THIN THIN		Conditions, if		(b)											
201 W. PRESTON ST.	OR TRANS	17	cause (a) stating		< 1-7	AS A CO	NSEQUENCE	OF		100						
, 201	CUTED V IN PER EXAM IRIAL-T VD MEN				(c)											
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 PROFIDENCY. IN PENCIL IN ITEM THEF MEDICAL EXAMINER ALON USED AS A BURBAL-TRANSIT PROFIDENT AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO OEATH 8	UT NOT REL	ATEO TO THE TERM	INAL OISEASI	OR CONDITION	N GIVEN IN PAR	TI(a),					
REC	PENDIE PE	MEDICAL CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPS	5Y?
IAI	S CERTIFICATE SHOULD INTO THE WORD "PER RITING THE WORD "PER ADED TO THE CHIEF MADED TO THE CHIEF	FE													YESXX	NO 🗆
OF.	ATE SE WOLLD BE CONTROL OF BUILD BE WENT	CER	210 EXTERNAL CAU		the tweet	MONITORNI MONITORNI	& YEAR	2				TURE OF INJU	URY IN ITEM TO	8 PART 1 OR PAR	RT 2)	
NO NO	SECTED S	CAL	CONTRIBUTING	CAUSE OF DE	ATH 4PM P.M.	5-7	-83 ₁₉			flicte	ed					
N SIVIS	CER SITIN DED E 3 S	MED	21d. INJURY OCCUR WHILE AT WORK AT V	WHILE VI	21e PLACE O STREET, FACTO FEAT				SATION	ork R	oad	CITY OR BY	#1 t im	ore col	Märylar	nd STATE
	I S A S E C		AT WORK AT V	VORK NA	1 ear	0,				0110 100				0,0	141 / 441	74
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2				of the remains desc			. []	y XX	Inspection		Inquiry		ind in my op	inion	
	AAMI RECI		death resulted from	n: Natural	causes L.	Accident	L, Su	icide XX			Undeter	mined mo	nner	,		
	WAY WAY		ACTUAL SIGNATURE	MOUR	te (In p	Yh	el	AA	Accic		MEDIC	AL EXAM	INIED	DATE	5-8-83	3
	DEAT SH		U	1	2 34				nasia	·		AL LAAM	IIAEK	SIGNE		
	MECUTIVE CONTRACTOR	1	(TYPE OR PRINT)	Margai	rita A. K	orel	LM.D.		ADDRESS_	111 P	enn S	tree	†			
	DXADAA	23a.B	URIAL, CREMATION,			23c.	NAME OF CE				23d. LOC	NWOTS		COUN		STATE
	BP	24.5	Burial UNERAL DIRECTOR		5/11/83		More						Co.,	GISTRAR'S S	MD	7 13
	DHMH - 17 (VR A15 ME (5))	-	NAME 1905 York		W. Jen			ns C	0.	MAY		1983	2.	JISTRAK S S	C .	. 1
	(VK AID ME (D))	1 4	1905 York	Road	Halto	1/	11)	フィフィ		1311.	J	1.40.5	15000	- X .	141	

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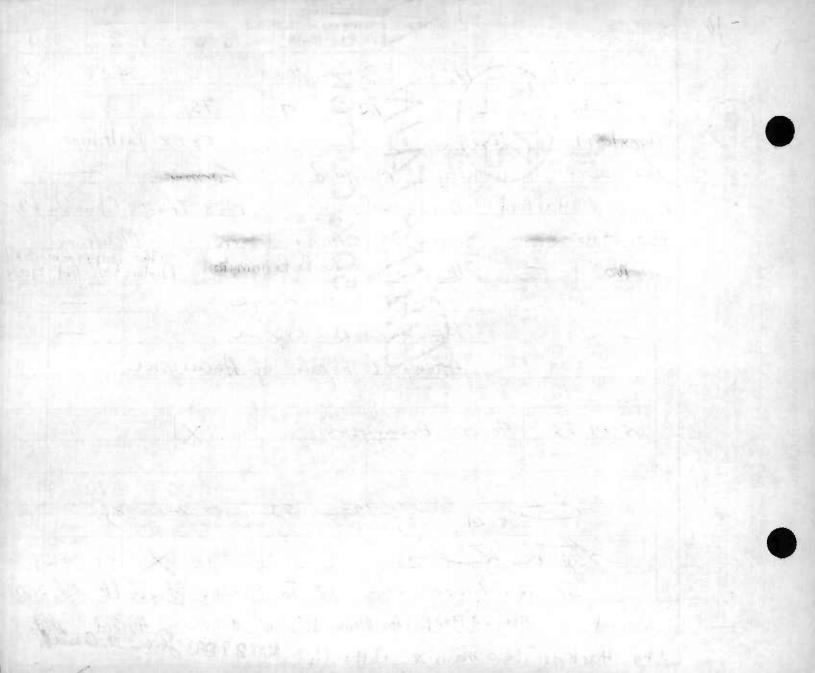
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1000	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	8 RES NO. 1 2 3 4 6
1 26	1. DECEASED NAME (TYPE OR PRINT)	PA BELTON	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR A 1:18 _M
	3. SEX	1. RAGE NEGRO S. DATE OF BIRTH MONTH AND 123 123	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
J (M)	TO SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED WIDOWED DIVORCED [
	10. CITY OBAYTTMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE MOUNTS CHURCH TOPKING HOSPITAL	120. USUAL OCCUPATION APPLE OF WORK FOR MOST OF WORKING LIFE! Thouse Checker Western Elec
124 hours	USUAL RESIDENCE (IF NURSING HON) 130. STATE 13b. CO	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS N. Bond F
7000	11. FATHER'S NAME FIRST PAN L2 E	ELION LAST LAST LINE FIRST	A PMSTHENG LAST
/ Popel	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 220-14-0379 ALLEN	BELTON 1617 n. Bond It
requires that the death cert on signed by the ottending s. Then please remove carbon or to buried, cremotion, or rem injury, or other traumatic ex-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF SHOCK (b) SEPTIC SHOCK DUE TO, OR AS A CONSEQUENCE OF (c) (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	
IAN: The law physicion. ifficate has bee lafons; permit. ol Hygiene prion in 18 shows ony	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? YES NOW YES NO
NG PHYSICIAN. T ottending physicial for this certificote os the burnol-tronsis th and Mentol Hygi orked or dem 18 sh	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTHER MEDICAL EXAM)	DEATH HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ATENDING spinol or oth spinol or oth CTOR. After df for use os the control of Hoolth or other first spinor is morked in 21 is morked	220. certify that (I) (this has sow the deceased alive	sspital) attended the deceased from 19 ond that is (my our) opinion of the body after death.	on death occurred on the date and hour and from the causes stated
TO HOSPITAL OR retoined by the hospital OF CONERAL DIFE should be detached with the Stote Dept WHORTANT. If free	Thoma 22d. PHYSICIAN'S NAME IT THOM AS	PE OR PRINT) ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF 10 ALC. 17.93
BP	23a. BURIAL, CREMATION, REMOV	5/16/83 mt Calsary	grown Country md state
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR	AL HOME 13847 Central of 250.0	MAY 16 1983



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STATE OF MARYLAND



G. Douglas Stauffer, Thurmont, Md. 21788

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fitted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	FOR	DEP		OF MARYLAND EALTS AND MENTAL HYG	IENE			
	- STATE REGISTRAR			ICATE OF DEATH	8 3g. NO. 1	2 3 5 0		
	DECEASED NAME FIRST	MIDDLE	0	AST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
1	KICHAR		per valent	ENARD	5	16 83 11:45 RM		
) 1.5	M ale	4. RACE W hite	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 55 YRS	MONTHS DAYS HOURS MIN.		
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUN	0.		
15 10.0	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES GOOD Samari	TREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Electrician	126. KIND OF BUSINESS OR INDUSTRY		
3 6 130.	UAL RESIDENCE (IF NURSING HOME OR S. STATE NO COUN Maryland Bal	OTHER INSTITUTION, GIVE RESIDENCE OF THE STATE OF T		13d. INSIDE CITY LIMITS?		d.Balto.MD.21234		
30	Joseph	MIDDLE LAST Bern		15. MOTHER'S MAIDEN NAM FIRST Katherine	MIDDLE	Kolar		
2 160		E WAR OR DATES)	4- 7650	Audrey A. Be:	rnard, 9136 Orb	MD. 21234 itan Rd. Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) INTE DUE TO, OR AS A CONS (c)	ASTITIAL EQUENCE OF LERO DEA	Preumonis	INAL DISEASE OR CONDITION C	/mos /yr.		
ZIFICATION		196. CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{\ti}\text{\texi\tex{\text{\text{\texi\text{\texi\text{\text{\texi}\til\text{\text{\text{\text{\text		
EDICAL CERTIF		HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)		
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	270. I certify that (I) (this haspital) attended the deceased from 5/15, 19.83, to 5/16, 19.83, that (I) (we) last saw the deceased alive an 5/16 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did) (did not) view the bady after death. 270. SIGNAFURE DEGREE							
1	THE PHYSICIAN'S NAME THE CONE	Dy, M.D.		ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	\$/16/83		
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5/19/83		emetery or crematory wn Cemetery	23d. LOCATION CITY OR TOWN Baltimore	COUNTY STATE		
24	FUNERAL DIRECTOR NAME Leonard J. Ruck	. Inc. Baltim			E REC'D, BY REGISTRAR 25b. REG	STRAR'S SIGNATURS LAND		

DHMH - 16 50M 4 (VRA 15, 4)

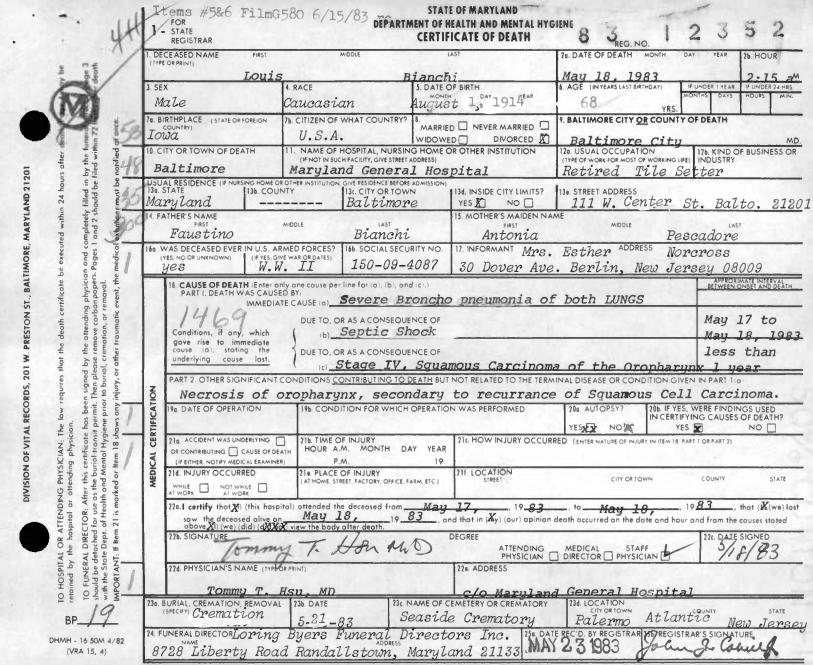
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(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR

- STATE

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(VRA 15, 4)

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STATE OF MARYLAND

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		ACCOUNT OF		STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE 8 3 REG. NO.	2 3 5 5
		1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR D
I	death death	TAVON	В.	BODLEY	MAY 31, 198	3 10:00
SMY	schor po	Male	Black	5. DATE OF BIRTH MONTH DAY 9 83	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 74 HRS
2		BUTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE		A BALTIMORE CITY OF COUR	ITY OF DEATH
ਨ ਹ	64.83	10. CITY OR TOWN OF DEATH BALTIMORE		SING HOME OR OTHER INSTITUTION OPERATION OPERA	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
No 272	24 hours	USUAL RESIDENCE (IF NURSING HOME CITY OF THE PROPERTY OF THE P	NTY 13 CITY OR TO		13e STREET ADDRESS	21619
AAR KE	d - ilhin	FATHER'S NAME FIRST GROVAR	MIDDLE	15. MOTHER'S MAIDENN She lle		Bordley
GSRES	n and campl Pages 1 pm	160 WAS DECEASED EVER IN U.S. A			ADDRESS.	ter, mD.
TON ST. BALTIM	ng physicia banpapers. removal.		inly one couse per line for (a), (b), ED BY: (TE CAUSE (o) Brank			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W PRESTON	not the death ce by the ottendin Sse removes cook I, cremotion, ar	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	a princery from	est.	96 fers
NS SA	n signed Then plea to burio	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TEL	rminal disease or condition (GIVEN IN PART 1(0)
A RESO	he law re on. has beer I permit. ene priar	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? ZOB IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SA SEP.	PHYSICIAN: The anding physical this certificate by burial-transit and Mental Hygies don't tem 18 should be	00.000100100100000000000000000000000000	HOUR A.M. MONTH	DAY YEAR 19 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)
NASE A	offending offer this of the burner of the burner or the burner or the burner of the bu	OR CONTRIBUTING CAUSE OF DE	216: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
X.	R ATTENDIII haspital ar RECTOR: A red far use spt. of Healt	saw the deceased alive a	n 3 notember the deceased from 15 note view the body ofter death.		n death occurred an the date and i	, 19, that (I) (we) lost nour and from the couses stated
	0 = 0 0 =	22b. SIGNATURE	6appen	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	TO HOSPITAL: of February 10 HOSPITAL: of February 10 F	The DHYSICIAN'S NAME (TYPE	OR PRINT) /4/125/	ER PICH	1 1 1 10+	0 N. WOLFE ST. LTO. MD21205
	BP	230 BURIAL, CREMATION, REMOVA	6 4 83 L	INON WESLY	Chester ,	PA. MD
	DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR ERIC L.D.	shiell E	P.O. Box 606 250 D ASTONIMD.	UN 1 0 BB	ISTRAN'S SIGNATURE

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njury, or other troumotic event, th

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 show

O FUNERAL DIRECTOR: After this certificate has be

ATTENDING

HOSPITAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI	IENE 8	REG. NO		2	3	5	6		
	CEASED NAME PE OR PRINT) FRE	DERI		MOOLE .	Boi	EHM	20 DATE C	P DEATH	183	DAY Y	YE AR	12 HOY	BAN		
3, 58	X	4.	RACE	a similar	5. DATE C		6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER		IF UNDER			
	Female	412	Whit	e	Sept	tember 2,1893	8	9	YRS.	MONTHS	DAYS	MOURS	MIN		
le 1	IRTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH								
1	Maryland	25.7	United	States	WIDOWE										
	ITY OR TOWN OF DEA Baltimore		Baltin	ore City	ADDRESS) Y HOS	PROTHER INSTITUTION									
13a. M 8	IAL RESIDENCE (IF NURS STATE aryland	13b COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO 🗌	13e STREET 71	ADDRESS	Cast	Ave	./ 2	21221	+		
2	Toseph	MID		Metzger		15 MOTHER'S MAIDEN NAM	WE	MIDDLE	R	Ltter	LAST				
	WAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARME		16b. SOCIAL SECU 214-01-		Anna M. Crou	ach 30	ADDRE		(2)	1921	.)			
	PART I. DEATH W 4275 Conditions, if ony, gove rise to imm couse tol, stotin underlying cause	AS CAUSED I IMMEDIATE (which nediate g the	DUE TO, OI	Ine for to), (b), one CALD 1 R AS A CONSEQUE R AS A CONSEQUE	O PL	1 LMONARI	1 1	PRIL	Es7	BET	(PPROXIM	MATE INTER NSET AND	VAL DEATH_		
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110														
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH (N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO						H?		
	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RRED (ENTER NATUPE OF INJURY IN ITEM 18 PART 1 OR PART 2)								
MEDICAL	21d INJURY OCCURE	HE []	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET CITY OR TOWN						STATE			
	22a. I certify that (I)	(this hospital	ottended the	deceased from_		. 19	to			19		hat (I) (v	ve) lost		

sow the deceased alive on

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23a. BURIAL, CREMATION, REMOVAL Burial

May 24,1983

Sacred Heart of Jesus

Baltimore Co.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Lilly & Zeiler Inc. 700 S. Conkling St./21224

ATTENDING PHYSICIAN

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t 305 Tenn Ave. (c1921)	- I - I - I - I - I - I - I	- 01
	Harmon of a company	

Lilly & Jeilor Inc. 700 8. Comming et./81898 11 11

Leonard J. Ruck, Inc.

(VRA 15, 4)

STATE OF MARYLAND

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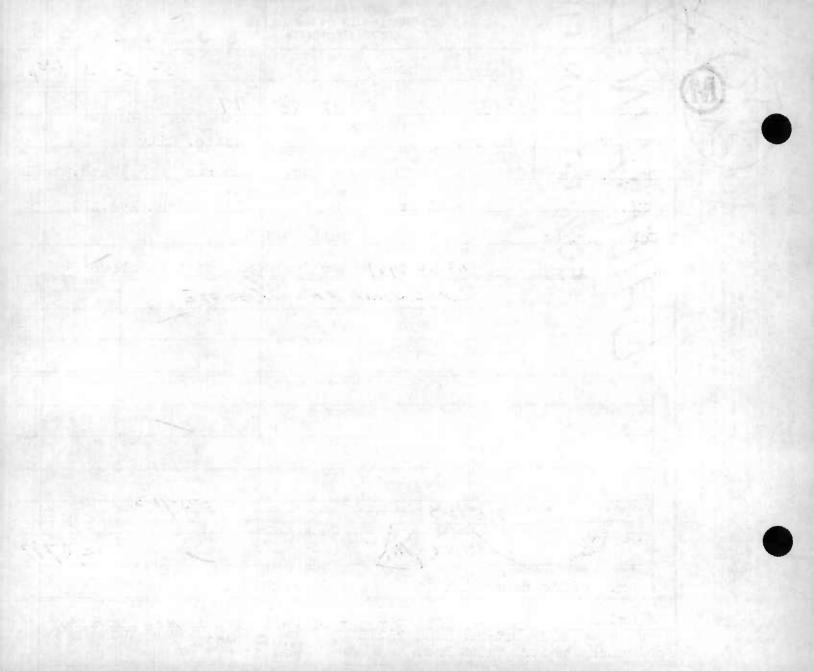
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Teament J. Puck, Inc. Reltimore Mar Mar

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	ASE ES. ES.		PE OR PRINT)	Marie		WIDDLE		Boll	ottier	re		DATE KNO OF EST DEATH MAT	- E	DAY 21	1983	26 HOUF	
	DIRECTOR. OUR FILES. OV STREET,	3. SE	emale	4. RACE White	S. DATE OF BIRTH	02	6. AGE (IN YEAR LAST BIRTHDAY YRS	IF UN) MONTH		F UNDER 2 Hours		DATE NOUNCED DEAD	MÖN	5 22	YEAR	2d. HOUI 11:5	
	A STANT	7a. E	RTHPLACE (S DREIGN COUNTRY) GERMANU		76. CITIZEN OF W		TRY?		ED NEVE	ER MARRIE DIVORCE	D		city or co		DEATH	AAF	
-74	DELAY N P CO BE P EP ROS, 20 P		ITY OR TOWN	re	11. NAME OF HOS	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 117 N. LUZETNE AVE.									WORK 126. KIND OF BUSINESS OR INDUSTRY		
21201	ESTH. (F ANY DELAY ES 1, 2, AND 3 TO PM 3. RETAIN PA IND 2 SHOULD BE PA VITAR RECORDS, 2	13a.	AL RESIDENCE STATE Arylano	136. COU	E OR OTHER INSTITUTION, G	13c_CITY.	DEFORE ADMISSION OR TOWN timore		13d. INSIDE CITY YES 🔀	NO 🗆	13e. STREET	North	Luzer	ne Av	re. 2	1224	
RE, MD.	HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DI WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAG MEDE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM AGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 A ATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF 1201 PROR TO BURIAL, CREMATION, OR REMOVAL.	14. F	Adalber	ut	WIDDLE	Stoger ED FORCES? 166. SOCIAL SECURITY NO.			15. MOTHER'S MAIDEN NAME					mholler			
BALTIMORE		16a. '	WAS DECEASE (ES, NO OR UNKNO	D EVER IN U.S. A	RMED FORCES?				17. INFORMANT ADDRESS Regina Jording 2805 Mayfield								
PRESTON ST.,		MEDICAL CERTIFICATION	PARTIDE 42	ATH WAS CAUS	ATE CAUSE (a)	Arteri	ond (c).) OSCLET SEOUENCE O							/	PPROXIMATE		
ORDS, 201 W.			lying cou		DUE TO, OR (c) (c) (s) CONTRIBUTING TO DEATH		SEQUENCE OF		OR CONDITION G	GIVEN IN PART	Γ 1 (α).						
TAL REC			19a. DATE OF	OPERATION	19b. CONDI	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								23.1	20. AUTOPSY? YES NO [X]X		
DIVISION OF VITAL RECORDS,			216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19									YES 🗆	NO (A)				
DIVIS		MED	AT WORK AT WORK									COUNTY		STATE			
•	THE CERTIF SHOULD BE ERAL DIREC EATH, WITH		22a. I certi death resulta ACTUAL SIGNATURE		rge of the remain de ourol couses	Accident	re, held an Suic	_	Homicid	ECIFY)	Undetermi	nquiry		ATE GNED	5-23-	-83	
	TO MEDIA EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	222.5	EXAMINER'S (TYPE OR PRI	NAME Denr			D.		ADDRESS		Penn S		alto.,	Md.	21201		
	BP		SPECIFY) BUN	rial	5-26-83		acred	Hear	t Cen	n.	Duno Duno EC'D. BY REC	lalk B	alto.C	O. Ma	ST	ATE	
	DHMH - 17 (VR A15 ME (5))				n & Son In	c. 90	1 S.Con	klir	g St	YAM	2419	83	blu	g. Ca	tiely	4	

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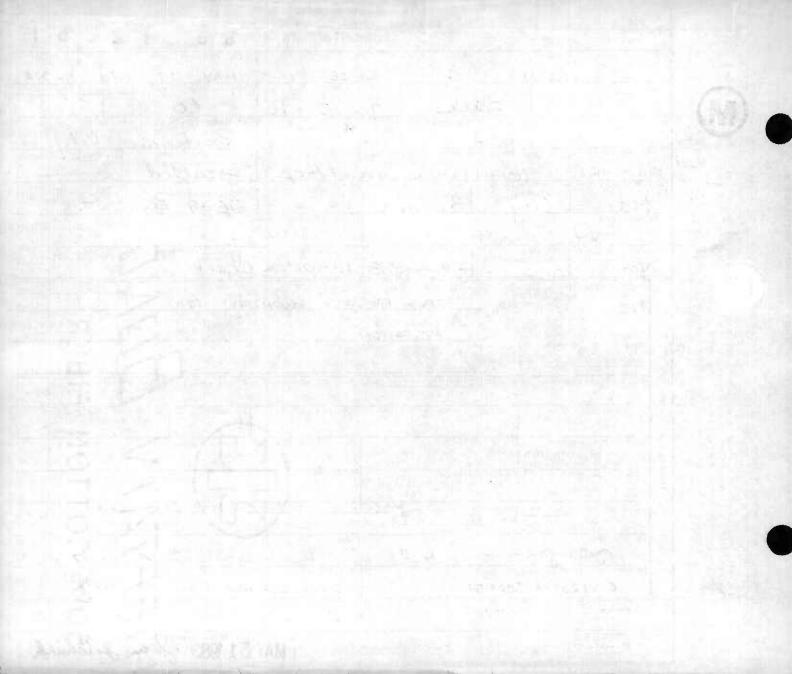
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

-1	_ FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE		
	- STATE REGISTRAR	DEI ART	CERTIFICATE OF DEATH	8 SREG. NO	. 1231	6 1
	. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2	b. HOUR
4	Lill	IAN G.	BOOZE	MAY 2	7 1983 1	2:35 A
3.	. SEX	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THE PARTY OF THE P	FUNDER 24 HRS
	/ -	Black	7-15-16	66	YRS.	ACORS MIN,
170	a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	Maryland	U.S.A.	WIDOWED DIVORCED	Baltin	nore Cita	1, M
11	Buttimore	(IF NOT IN SUCH FACILITY, GIVE STREET	/ / //	12a USUAL OCCUPATI	F WORKING LIFE) INDUSTRY	BUSINESS OF
Z	JSUAL RESIDENCE (IF NURSING HOM 30. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	1	-	21218
2	Md. V	Bulfin		13e STREET ADDRESS	Boone St.	21210
114	A. FATHER'S NAME		15 MOTHER'S MAIDEN NA		3-0776	
	Not '	KOO(1) Y)	Estelle	MIDDLE	Trusty	
16	MAS DECEASED EVER IN U.S.	The second secon		Booze ADDR	29 Boone Stre	
	(YES NO ORAUNKNOWN) (IF YES	GIVE WAR OR DATES) 214-40-	6978 Nospital	Chart	25 BOOKE BUIL	
	18 CAUSE OF DEATH (Ente	r only one couse per line for (a), (b), on	id (c),\		APPROXIMA	TE INTERVAL SET AND DEATH
	PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (a) SEPSIS	PROBABLY SECON	DARY TO	SET WELL ON	DET AND DEATH
	19120	DUE TO, OR AS A CONSEQU				
	Conditions, if ony, which	(b) Aspir	4ATION			
	gove rise to immediate cause (a), stating the		ENCE OF			
	underlying couse last.	(c)	ENCE OF			
1	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)	
	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	SIISED
	¥				IN CERTIFYING CAUSES OF	FDEATH?
7	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	YES NO		NO 🗌
0.	OD COLUMNIC CON CALLES		AY YEAR	,		
1	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	19 21f. LOCATION			
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOV	WN COUNTY	STATE
2		ospital) attended the deceased from_	MAY 25 19 83	to MAY 2	7 19 £ 3 tho	1 (1) (1) (1
	saw the deceased alive	00 M4Y 27 10	, and that in (my) (aur) opinion		, , , , , , , , , , , , , , , , , , , ,	it (I) (we) lost
0	22b. SIGNATURE	not) view the body after deoth.	DEGREE		22c. DATE SIG	
	cuel	australe M.	D. ATTENDING	MEDICAL STAF	F / / / / /	
	22d. PHYSICIAN'S NAME (TY		22e. ADDRESS	DIRECTOR PHYSIC	IAN B 5-27-	83
	C. VEDGAR	-A-SOARES	N. CHAPLES GEA	I LINCO BALT	: MD. 21218	
22						
13	BURIAL, CREMATION, REMOV	AL 23b. DATE 6/2/83 N	NAME OF CEMETERY OR CREMATORY Id. National Mem. Pk	23d LOCATION Laurer	COUNTY	Mar.
24	FUNERAL DIRECTOR				DECISIO ARICO COLOR	
		Inc. 1101 E North	Avenue	Y 31 198 3	25. TEGISTRAR'S SIGNATURE	il
			TITO TIME	I U I BUU I		-

DHMH - 16 50M 1 (VRA 15, 4)



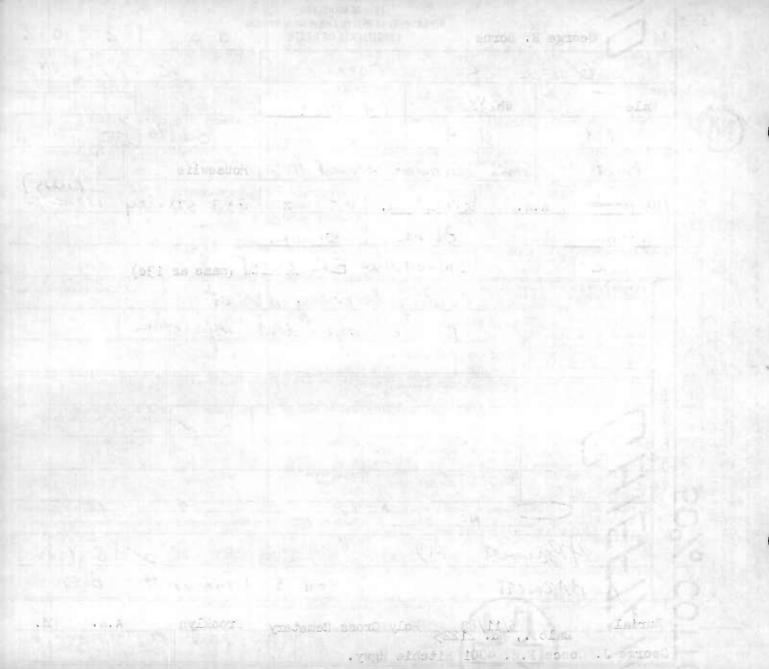
- STATE

LAST APPROXIMATE INTER PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T STATE and that in (my) (fur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial Brooklyn A.A. Md. Holy Cross Cemetery 250. DATE REC'D. BY REGISTRAR 251 GISTRAR'S SIGNASURE 24. FUNERAL DIRECTOR Balto., Md. 21225 DHMH - 16 50M 4/82 George J. Gonce F.H. 4001 Ritchie Hgwy. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR



- STATE

TYPE OR PRINT

BP.

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

DECEASED NAME

9. BALTIMORE CITY OR COUNTY OF DEATH City 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE QI WORK FOR MOST/OF WORKING LIFE) INDUSTRY Housevife 3400 Woodstock Avenue MIDDLE ADDRESS Mrs. Alice V. Rothman 3018 Weaver Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Y58 TU NO NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 136. DATE Baltimore Burial May 16,1983 Most Holy Redeemer 24-FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

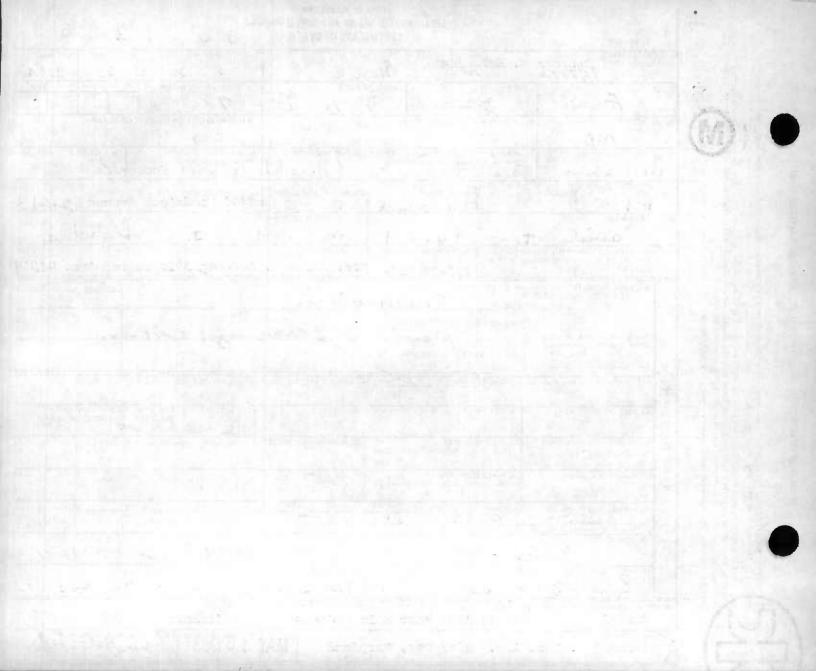
YEAR

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

2a. DATE OF DEATH



FOR

REGISTRAR

- STATE

Windsor Mill Garden Brown Walter Bouknight 5949 The Alameda Cir APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c DATE SIGNED COUNTY Md. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Wm C March F/H Inc. 1101 E North Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAY

IF UNDER I YEAR

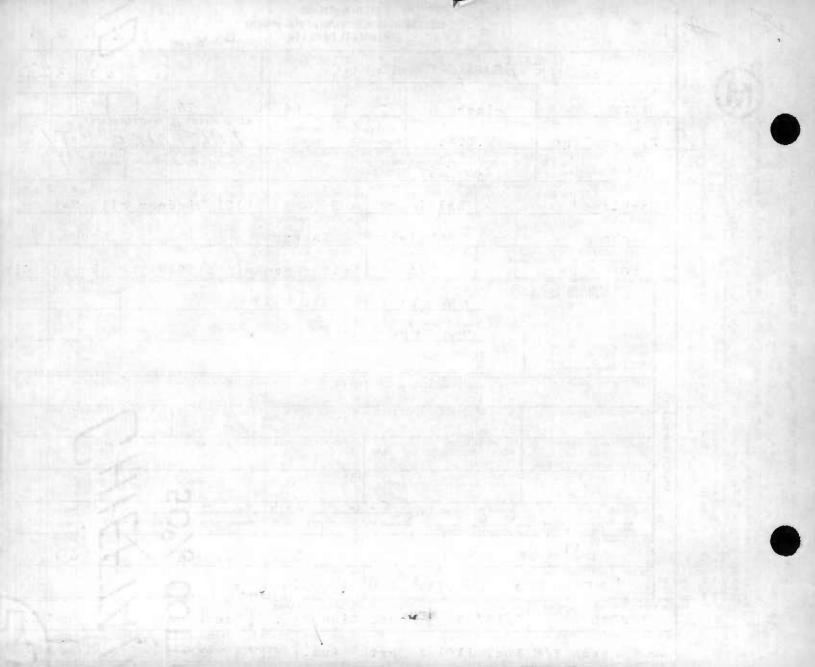
INDUSTRY

26 HOUR

126. KIND OF BUT INESS OR

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V	1	FOR		DEPARTMI	ENT OF H	EALTH AND MENTAL HYG	IENE				-
		STATE REGISTRAR				ICATE OF DEATH	8 4.G. N	0.	2 3	6	3
		CEASED NAME FIRST		WIDDLE	l l	AST	20. DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR	_
	(TYPE	E OR PRINT)		11	>			-		135	~
				Ashley	50	UVIZE			983	6	AM
	3. SE.	×	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24	HRS
		mels	V√h	nite	MONTH		5 months	WOS MC	S ZO	HOURS /	MIN.
de	70081	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O	PCOUNTY			
5	6	COUNTRY	115	^	MARRIE	D NEVER MARRIED A	< 1T	_	altimo	W 0	
7	M C	ITY OR TOWN OF DEATH	III. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPATA		12b. KIND OF		MD.
×	1	2-1	(IF NOT IN SUC	CH FACILITY, GIVE STREET AD	DRESS)	onek momonon	(TYPE OF WORK FOR MOST O			BUSINESS	3 OK
2	1	SCHIMORE	1 4	NIVETES		Hospital		,		_	
1	130 S	AL RESIDENCE (IF NURSING HOME COU	OR OTHER INSTITUTION						2	1030	
67	1		217	COCYS S		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			1030	
40	14 FA	ATHER'S NAME	- 1 11	COC 123-731	011/R	15 MOTHER'S MAIDEN NAM		120	C-1,		
11	7	FIRST	MIDDLE	LAST		ERST	WIDDIE		LAST		
16		1 460025		15 CUVIZ		CHIZIS		-	1221	77	
1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURI		17. INFORMANT	ADDRE	55 ~ 1			_
1	0	YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)			Mm # 34	m1	Cock	ceysvil	le, M	ld.
						Mr. & Mrs.	Thomas B	ouvier			Ct.
		18. CAUSE OF DEATH (Enter o	nly ane couse per	line for (a), (b), and	C1. I				APPROXIM. BETWEEN ON	ATE INTERVA	ATH
		PART I. DEATH WAS CAUS	TE CAUSE (a)	C220	100	W/2000	DIZIZIS	2-			
		2376			1		1 2010.00				_
			DUE TO, O	R AS A CONSEQUEN			1	1			
		Conditions, if ony, which gave rise to immediate	(b)	172137	285	245 127545	Pelis 20	10 151	\$		
	90	couse (a), stating the	S DUE TO O	R AS A CONSEQUEN	CEOE				1000		
		underlying cause last	1000.0			21/1/25					
	- 1	DART O OTHER SIGNIFICANT	, (6)						1.		_
	Z	PART 2. OTHER SIGNIFICANT		DNIKIROLING TO DE	AIH BUI	NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN	IN PART 110		
7	Ĕ	190 DATE OF OPERATION	100	TANK CORNELIC	050 1710						
/	2		IVE COND	FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIEY	WERE FINDING NG CAUSES C	SS USED	2
	CERTIFICATION	5.28.43	4	TH UZWT	EIL	NJSES IRMA	YES X NO	YES		NO [i
3	E	210. ACCIDENT WAS UNDERLYING			WE . 5	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)		
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY							
	5	(IF EITHER NOTIFY MEDICAL EXAMINE			19	01.100.1700.1					
	MEDICAL		21e PLACE	OF INJURY REET, FACTORY OFFICE, FAR <i>i</i>	M ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	TE
	_	AT WORK AT WORK									
		22a.1 certify that (1) (this hasp	ital) attended th	e deceosed fram	5	-26 10 83	to 5-	25 10	83 1	at (I) (we)	Most
		saw the deceosed alive ar	_ 5.1	29 199	3 . on	d that in (my) (our) opinion d	eath accurred on the do	te and haur a	and from the se	urar stata	od .
		obave, (I) (we) (did) (did no	ot view the bady	after death.			The decorror of the de	ne and nati	-		O .
		226. SIGNATURE	1			DEGREE			22c. DATE SI	IGNED	
		TIMES	DI	1	[MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN	15.7	29.9	??
		22d. PHYSICIAN'S NAME (TYPE	DEDYTTA		•	22e ADDRESS		- Lord	1		_
		1 115	DOLOR	mon In	117	111	110		_1		
					112	CHNIVZES	ملك لداء	>1717	1.		
		SURIAL, CREMATION, REMOVAL	. 23b DATE	231 NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(Burial	6/1/8	3 Du1	anou	Valley Cem.	CITYOR TOWN		COUNTY	STATE	E
	24 FL	JNERAL DIRECTOR				25a DATE	Timonium REC'D. BY REGISTRAR	n, Bali		Md.	
	7.1	NAME D T	10 ***	ADDRESS		- TRAIN	O AGGG	REGISTRA	O O	0 0	
	IVI	artin D. Laws	on 10 W	. Padonia	Roa	d, Timobilim	1 Z 1983 X	182 any	Ju 1041	alfil	

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit. Then pleose re with the State Dept. of Heolih and Mental Hygiene prior to buriol, cren IMPORTANT: If them 21 is morked or tem 18 shows any injury, or other

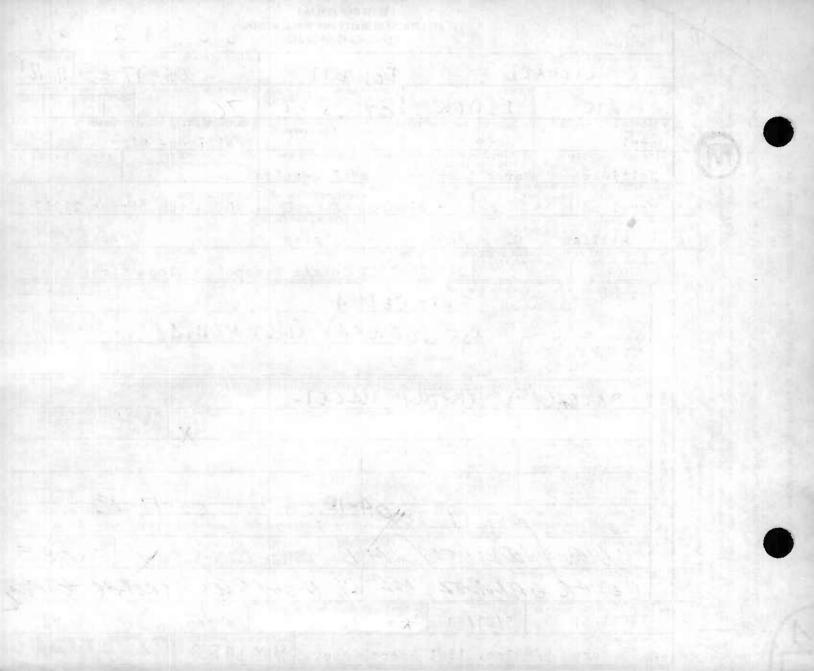
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3/	I	tem #8 Film G580		STATE OF MARYLAND		
,	1.	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	8 SEG. NO.	2 3 6 6
10 5		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
y be	1	HORACE	Ε.	BOWEN	5 24	
9e 4 mo	3. SE	hale	white	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
Poorth. Po	70. B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	OF DEATH MD.
s ofter o		TY OR TOWN OF DEATH V	HE NOT IN SUCH EACH ITY GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) STRATION MEDICAL CE	12g. USUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
24 hour	USU 13a.	AL RESIDENCE (IF NURSING HOME OR CITATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEI		13. STREET ADDRESS ST VIC	tor St 2/22
makering and 2 sh	15 F/	THER'S NAME FIRST M	IDDLE BOLLE	15. MOLHER'S MAIDEN NA	WE DOOLE	UC CAST
n ond co	16a V	AS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SE	3533 EUOLUS LO	address pel	TOUAUDOIT
thicote by physicion popers:		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (o), (b), BY: CAUSE (o) Condia	ond (c.)	,+.	BETWEEN ONSET AND DEATH MINUTE MINUT
teston services of the service		5 850 Conditions, if ony, which	DUE TO, OR AS A CONSEC			I week
that the capture in t		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF a failur	e	10 years
signe signe to bury.	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
he low re on. hos been t permit. I ene prior	CERTIFICATION	19a date of operation	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
IVSICIAN: The ding physicion is certificate buriol-tronsit promote the memoral Hygier and School Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT + OR PART 2)
G PHYSICIA OF PHYSICIA of this certification in the buriola- ond wantol	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or TOR: Aft for use or of Health		220.1 certify that (I) (this haspital saw the deceased alive on _	MAY 24 19		deoth occurred on the date and hour	9.83 , that (I) (we) lost and from the couses stated
OR A he hosy oched coched bept.		obove, (I) (we) (did) (did not) 22b. SIGNATURE	Consultation of the body offer deoth.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL TO FUNERAL should be deterwish the Store		224 PHYSICIAN'S NAME (TYPHOR	Snow M.	22e ADDRESS	XI	Md 21218
should with	23o	BURIAL, CREMATION, REMOVAL	7.6	3. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	., Md. 21218
ВР	-	Bural	moy2883	Mircoda	TE REC'D. BY REGISTRARIZE BEGISTR	Caport MD
DHMH - 16 50M 4/82 (VRA 15, 4)	24.1	Rausch Func	100 Hender		TE REC'D. BY REGISTRAN 29 DEGISTR	Li Courie

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

1	1				STATI	OF MARYLAND				
	1.	FOR STATE		DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIENE	1 9	7 1	61
		REGISTRAR			CERTIF	ICATE OF DEATH	Ö S). I done		9 ,
		CEASED NAME FIRST		MIDDLE	L	AST		MONTH DAY	YEAR 2	b. HOUR
	TTYPE	RICHA	RD		BOL	NEN	0	5-17-	83	U. 12 M
	3. SEX	X	4 RACE	114.14	5. DATE C		6. AGE IN YEARS LAST BIR	(HDAY) IF U		FUNDER 24 HRS
	/	MAVE	BV	TOK	07	-17 05	77	YRS.		MIN.
V		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUN	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	No. of the
U	Ma	ryland	U.S		WIDOWE	D DIVORCED	Baltimon	ce Cit	У.,	MD.
0	10. CI	ITY OR TOWN OF DEATH			URSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI		12b. KIND OF	BUSINESS OR
7		Baltimore	North	Charl	es Gene	eral Hospit				
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
)	M	aryland			timore	YES NO	400 Bloc	m Str	eet 2	1217
	14. FA	ATHER'S NAME	MIDDLE	LAS		15. MOTHER'S MAIDEN NA	AME			
M		William	G.	Bowe		Daisy	MIDDLE		Boston	n
ī		VAS DECEASED EVER IN U.S. AR		16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS		
П	{Y	YES, NO OR UNKNOWN) (IF YES, GIV	'E WAR OR DATES)	212-	26-732	Jessie Bo	wen 400 B	oom S	treet	
			ly one couse per			(.				ATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		SEP	TICKEN	UA		/	DET WILL OR	SET AISO DEATH
Н		407 IMMEDIA	TE CAUSE (o)		1100	. 1	C			
	7	Conditions, if ony, which	DUE TO, O	AS A CONS	BANCES	MAS INE	numinia			
	177	gove rise to immediate	(b)	30.0						
		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONS	SEQUENCE OF				3.75.	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBLITING	S TO DEATH BUT	NOT BELATED TO THE TERM	AINAI DISEASE OF CON	DITION GIVEN	INI DART 1(a)	
	Z	SKERM	Del	18217	1 1	LCEC	WIINAL DISEASE OR COIN	JITION GIVEN	IN FART 110	
1	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W	ERE FINDING	SUSED
	IFIC						YES NOT		G CAUSES O	
1	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c. HOW INJURY OCCUR			OR PART 2)	NO []
		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH			120 (2002)			
	MEDICAL	11 EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE	M. OF IN ILIRY	19	21f. LOCATION				
	ME	WHILE NOT WHILE			PFFICE, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK	(a = 1) = 44 = 4 = 4 = 4 = 4		- 134	1-18 83	05	17	33	
		22a I certify that (I) (this hasp sow the deceased alive or	101-	1/	7-2-0	nd that in (my) (our) opinion	death occurred on the de	te and hour on	, the	0. (()
	23	obove, (I) (we) (did) (did no	view the body	ofter deoth.		DEGREE			22c DATE SI	
		May V	Vanus	fore	1/11	ATTENDING	MEDICAL STAF	FN	5-17	7-93
1		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	00	- 10	PHYSICIAN [DIRECTOR PHYSIC	IAN	2/1	00
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		100011/10	MNOI.	1		1010001	(1943 9	envere	·	101111
	23a B	BURIAL, CREMATION, REMOVAL ISPEC BURIAL	236. DATE 5/21	100	·Ashton	EMÉTERY OR CREMATORY Md. Cem.	Ashton,	CC	YTMUC	Md.
			2/21	103	210112011					
		uneral director	TT -	T T CADD	RESS		TE REC'D. BY REGISTRAR	250 REGISTRAR	SSIGNATUR	REGULA
	Wm	I C . March F/	H Inc.	1101	ENorth	a Ave. MA	1 1 3 1300	Jour,	0	



5	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 SEG. NO.	2 3 6 8
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
2 05	(TYPI	CARRI	E BOI	WIE	05/3	1/83 8:00 ^m
1 1 20	3. SE	x /	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1 00	1	Fe ma / P	NEGROID	Aug. 31 1901	8/ YRS	,,,,,,
E SERMI		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
1 181		Md.	U.S. H.	WIDOWED DIVORCED	BALTIMORE C	ITY MD.
151 00	9.1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ACCRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
201		BALTIMORE	THE JOHNS HO		Housewi	1
ND 21 ND 21 ND 21 ND 21 ND 21		STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		130. STREET ADDRESS	Donough St.
AL AL	14. F/	ATHER'S NAME	1639/1	15. MOTHER'S MAIDEN NA		Jones Sp.
WAR TOWN	1	FIRST Un K	nown last	Nellie	MIDDLE /	le y LAST
ORE,			MED FORCES? 16b. SOCIAL SECU	PRITY NO. 17 INFORMANT	ADDRESS	71106
LTIM Lion Lion Lion Lion Lion Lion Lion Lion	_	NO -	- 212-70	1319 LO1010	4 NO DINSO.	V Mc Donous
ficate ficate of the second of		PART I DEATH WAS CAUSE	ally ane cause per line far (a), (b), and D BY:		1.	BETWEEN ONSET AND DEATH
N ST		1 CIGI IMMEDIA	TE CAUSE (a) Chrone		vi-c	5/5/ 0 pm
ESTOI death bitend bve ca tion, a		Canditions, It any, which	DUE TO, OR AS A CONSEQUE	netabolic abnor	malches	5/23
he d he d he d he d he d he d		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			2
that that I by I by ol, cr		underlying cause last.	(c) Metasta	he CA of live	~	
S, 20 Jires ignec en pla buria	7		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 1/a
ORD requ	OI	190 DATE OF OPERATION	1º CA ad	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
TAL REC The law ician. The has be stringer in grants stringer in s	CERTIFICATION	DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Physicia fificate I-transit of Hyde		210. ACCIDENT WAS UNDERLYING	Transport to the state of	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
Sicia Sertif	S S	OR CONTRIBUTING CAUSE OF DEA	AID .	19		
Sion PHY	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI r off r off ost lith of		AT WORK AT WORK			73.	02
FEND toloo Truse Hee		220.1 certify that (1) this haspi saw the deceased alive an	tal) attended the deceased fram_	83, and that in (my) (aur) apinian	death accurred an the date and h	, 19 3 , that (i) (we) last
ATT Nospi RECT ed fo on of o		abave, (I) (we) (did) (did no	t) view the bady after death.	DEGREE	acam accounts an me gare and t	22c. DATE SIGNED
the Philipse that the Philipse the Philipse the Philipse the Philipse the Philipse t		310	Remire	MO ATTENDING PHYSICIAN	MEDICAL STAFF	E 13, 100
PITA Bede Stot		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	220 ADDRESS		1 2/21/85
TO HOSPIT retained by TO FUNER should be with the Sti		SC07 C.	REMILK	Johns Hopk	ins Hosp. 60	ON. Wolk St Bill
	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	24 F	UNERAL DIRECTOR	100 /	rputus Memi	IE REC'D. BY REGISTR	ISTRAMES GRANES LA
DHMH - 16 50M 4/82 (VRA 15, 4)	1	Zilvin R	SCRUCES ADDRESS	Preston	N I 1983	~
, ,	1	STININ ST		1010-101		

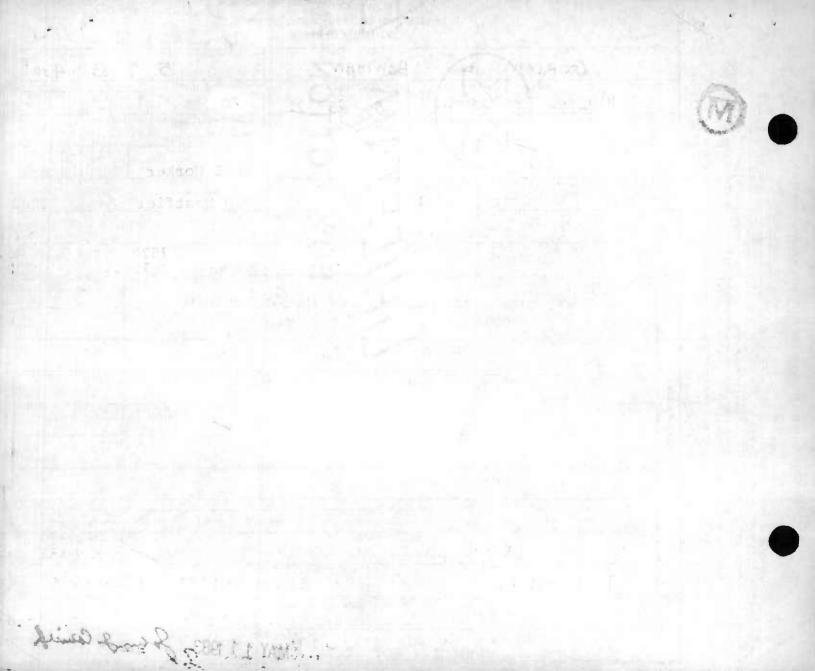
STATE OF MARYLAND

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1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 JREG. N	0. 1 2 3 6 9
noy be	1. DECEASED NAME (TYPE OR PRINT)	ert . A.	Bowman	20. DATE OF DEATH	MONTH OAY YEAR 26 HOUR 5 11 83 3 45 Am
	3. SEX Male	1. RACE White	5. DATE OF BIRTH OCT. 1, 1919	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
See See See	BIRTHPLACE (STATE OR FOREIGN COUNTRY) KEN FUCKY	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	DR COUNTY OF DEATH
of the soft	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired	OF WORKING LIFE) INDUSTRY
filled in I	USUAL RESIDENCE (IF NURSING HOUSE 130 STATE NA COU Cari	NTY 13c. CITY OR TOV	ourg YES NO	130 STREET ADDRESS 3509 Law	ndale Rd.21048
completely 1 and 2 sh	Albert	MIDDLE LAST BOW		WIDDLE	Poth Fuss
be execution and c	(YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES! 305-16-	AC1/	ADDRI B. Bowman	n Finksburg.Md.
ertificate ng physici sonpaper remavol.	PART I. DEATH, WAS CAUS	nly one couse per line for (o), (b), or ED BY: TE CAUSE (o) Squame	us cell lung care	noma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sunda,
s that the death c ad by the attendir lease remove cart iol, cremation, or or other froumation.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
equire: n signe Then p r to bu injury,	PART 2 OTHER SIGNIFICANT COPD; AS		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
i. The law ricion.	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: T ending physici this certificate te burial-transi ad Mental Hygi d or Item 18 sh	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	ATH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
ATTENDING aspital or off ICTOR: After of far use as the far use as the off far use as the far use as the	saw the deceased alive or above, (I) (we) (did) (did no	ttended the deceased from. May 11 19 11 view the Body after death.	May 10 , 19 83	deoth occurred on the de	ate and hour and from the couses stated
OR he ho	IT SIGNATURE Office	abrame	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
O HOS etoined O FUN with the	Jeffrey	Abrams	22e ADDRESS		
To Fee v	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	Burial	May 14.83 F	inksburg Cemete		COUNTY STATE

STATE OF MARYLAND

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STATE OF MARYLAND

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MPORTANT: If Nem 21 is morked or Nem 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or ottending physicia

BP

DHMH - 16 50M 4/B2

(VRA 15, 4)

moy be

executed within 24 hours ofter death. Page

FOR - STATE

STATE OF MARYLA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. NO. 1 2 3 7	9	-			NO.	KEG.	
	7	3	2	1	NO	3	

	REGISTRAR						R				
	EASED NAME	FIRST		AIDDLE		LAST	2a. DATE OF DEA			YEAR	26 HOUR
		Nanni	e		E	BRADFORD	May 2		33		6:37
. SEX	EMALE	4.	RACE	330	S. DATE O	OF BIRTH	6. AGE (IN YEARS L	77	MONT	HS DAYS	HOURS A
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I. FATI	HER'S NAME FIRST DHN	MI	DOLE	MONROE		15. MOTHER'S MAIDEN NAME FIRST MOLLIE	ME	DLE		MONRO	
	AS DECEASED EVER IN 5 NO OR UNKNOWN)	U.S. ARME		166. SOCIAL SECT		17. INFORMANT ALICE BROWN	1102 1/2 MYI	DDRESS	VENU	F,	
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(VRA 15, 4)

STATE OF MARYLAND

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BP.

	DEPARTM	ENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8	SEG. NO	1	2	3	7	5
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ACE Black		5. DATE C		34	6. AGE (IN)	EARS LAST BIRTH	YRS.	IF UNDER	DAYS	IF UNDER	MIN.
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O. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19
A INTURY OCCURRED	21. PLACE OF INLITIES	

23b. DATE

5/20/83

220.1 certify that (1) this hospital attended the deceased from

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

MAYEEBRIJARY26, 1983

CITY OR TOWN

NOIX

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

NO

IN CERTIFYING CAUSES OF DEATH?

YES T

10 83

sow the deceased alive on NAX MAY 15 above, (I) (we) (did (did not) view the bady after death 226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

(SPEC Burial

NOT WHILE AT WORK

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

Male

COUNTRY Balto., Md.

BAlto.

Md.

Yes

CERTIFICATION

MEDICAL

14. FATHER'S NAME

(YES, NO OR UNKNOWN)

TO BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUT 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

190 DATE OF OPERATION

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:

3. SEX

FIRST

ROBERT WIND

4 RACE

Blac

USA II. NAME C

MIDDLE

(IF YES, GIVE WAR OR DATES

IMMEDIATE CAUSE (0)

76. CITIZEN

83

DEGREE ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

MAY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED MAY15,1983

22d PHYSICIAN'S NAME (TYPE OR PRINT) BRUCE KINOSIAN, MD.

BROADWAY.

22e ADDRESS

BALTIMORE, MARYLAND 21231 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION COUNTY

HOSPITAL CORPORATION, 100 N.

CITY OR TOWN Maryland Vet. Cem. Crownsville, Md.

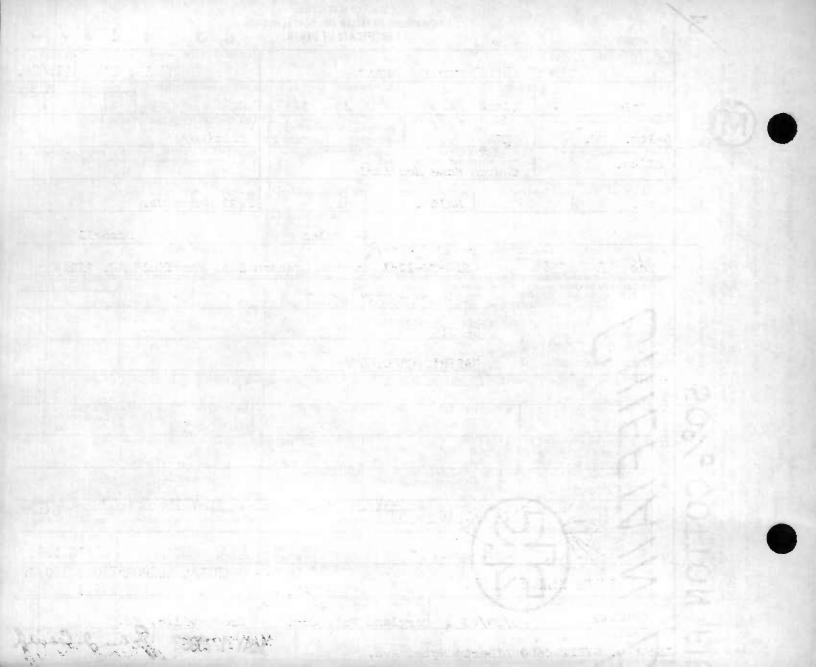
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24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

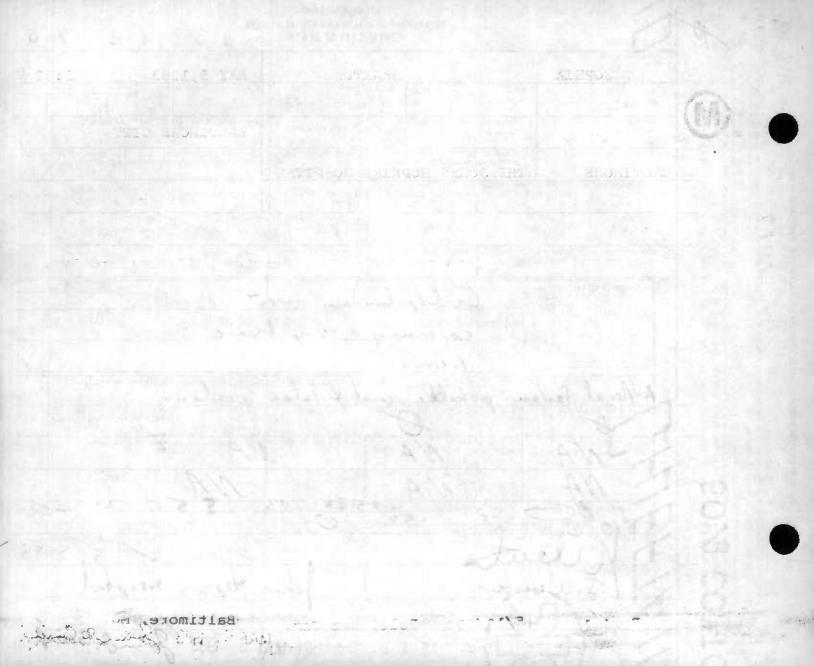
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LEROY O. DYETT 4600 Liberty Hgts. Ave.

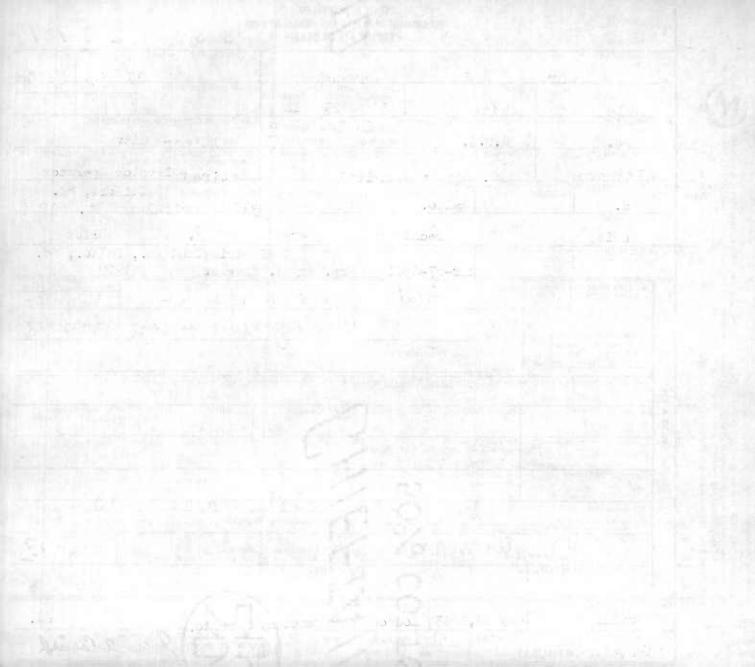
250. DATE



1 100	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYG	IENE 8	3		2 3	7 6
63		CEASED NAME	FIRST		WIDOLE	l	AST		20. DATE OF	DEATH MO	ONTH DA	AY YEAR	2b. HOUR
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do do	3. SE			4 RACE		S. DATE C	F BIRTH		6. AGE LINYE	_		FUNDER 1 YEAR	IF UNDER 24 HRS
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de coth. Po	7o. Bi	RTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MA	ARRIED ORCED	9. BALTIMOR BALT	ECITY OR O			MD.
		LTIMORE	TH	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET OHNS HO	ADDRESS)			120. USUAL O (TYPE OF WORK				OF BUSINESS OR
hin 24 hour should be found be	13a. S	Ma.	NG HOME OR 13b. COUN	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CIT YES 🔼 I	Y LIMITS?		DDRESS Mont	ford	Aver	nue 2120
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n ond co		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	239-12-		17. INFORMAN Eddi	e Bra	xton	ADDRESS 615		ford	Ave.
ires that the death cer gned by the attending in please remove carbo buriol, cremation, or re ry, or other traumatic	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	ediote g the lost.	(b)	R AS A CONSEQUI	ENCE OF	ar ten	y di	INAL DISEASE	OR CONDIT	ION GIVE	N IN PART 1	(0)
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ATTEND ospital o eCTOR: d for use		sow the decease obover(il) (we) (d				(3, or	d that in my (c	our) opinion (death accurred	on the date	and hour		
SPITAL OR LA by the humber of Direction be detached a Stote Dept.		22b. SIGNATURE	le	int	_	909	Ph	TENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N	22c. DATE	SIGNED 5-83
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₽₽		Burial, cremation,	REMOVAL	23b. DATE 5/10/			emetery or cr		23d. LOCAL Ba	tion L'timo	re,	Ma".	STATE
DHMH - 16 50M 4/82	24 FI	JNERAL DIRECTOR	ch F			1 E.		25a. DAT	Y 6 BY RE	GISTRAR 25	REGISTR	AR'S GNA	alluly



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PP 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234. LOCATION COUNTY MAY 14, 1983 Loudon Park Cemetery Ralto			C 1	NU	7001	W COLUL	MS.	MI)	PHYSICIAN E	DIRECTO	PHYSIC	SIAN	me	491118	0
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DHMH 16 50M 4/82			UNERAL DIRECTOR	3 0			4.5	Are.	26 5 47		REGISTRAR	200 REGIST	RAR'S SIGN	TURE	,
(VRA 15, 4) G. Truman Schwab # 21229 MAY 1 6 1983 John G. Cahulk		IG.	Truman	schwa	do	ADDRESS	21220		M	AY 16	1983	John	- H- W	mely	



FOR

REGISTRAR

- STATE

13. STREET APPRESS St. Balto. Md. 21230 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF HOURY IN ITEM TO PART T ORPART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Len Burnie, A. A. (o. Maryland , 1988 Len Haven Mem; Park Burial BP. DHMH - 16 50M 4/82 ully Funeral Home, 130 E. Fort Ave. Balto. Md. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

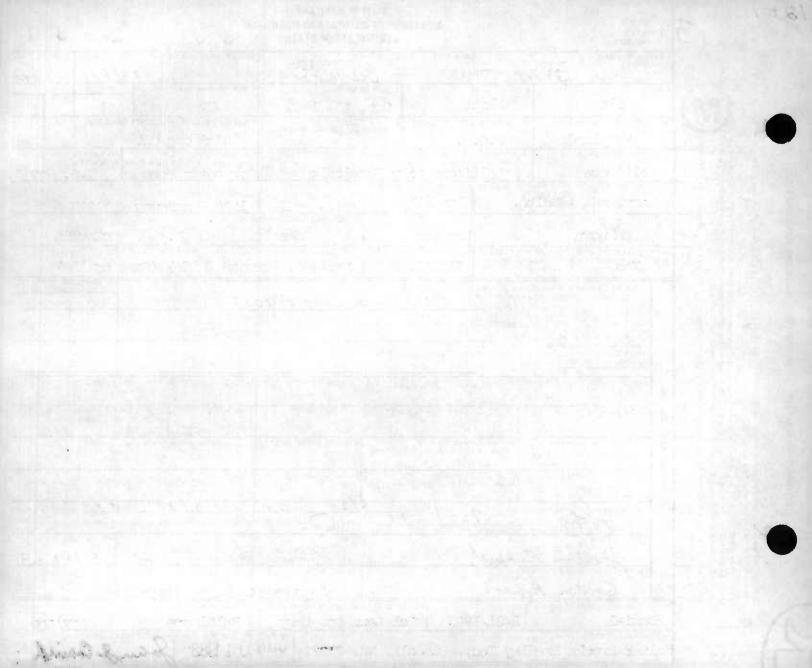
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at 1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO	12	380
e 7 #	I. DECEASED NAME (TYPE OR PRINT)	JOHN FR	ANCIS	0	BRENNAN 2EN NAV	20. DATE OF DEATH	5/27/8-	ZEAR ZE HOUR
ge 4 moy	Male	4. RACE Whi	te	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
deoth. Poge	HIRTHPLACE (STATE OF COUNTRY) Marylar	The second secon	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore		MD.
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill vol. tt, the medical commer register in	USUAL RESIDENCE (IF NUM 130. STATE Maryland	Balto.	136 CITY OR TOW Dundalk		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1929 Queer	nsway 2]	1222
MARYLA within ted within ompletely ond 2 sh	14. FATHER'S NAME Unknown	MIDDLE	Brennan		15. MOTHER'S MAIDEN NAME ROSE	WIDDLE		Cartin
be executed on and company on and company on the company of the co	160 WAS DECEASED EVER	R IN U.S. ARMED FORCES?	213.03.		Marie O. Bre	ADDRE ennan (Wife)	(Same as	5 13e) APPROXIMATE INTERVAL INVEEN ONSET AND DEATH
requires that the death certificate rigned by the ottending physici Then please remove carbonopape in to buriol, cremation, or removal, injury, or other troumatic event, the	Conditions, if on gove rise to in couse (a), stot underlying cause	y, which mediate ing the lee lost. (b) DUE TO, C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM			
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1. OR ATTENDI the hospital or 1. DIRECTOR: A stoched for use te Dopt: of Heal	sow the deceo	(did) (did not) view the body	127 19		d that is (my) our) opinion of the time (my) our) opinion of the time of time	, to, to	22c.	, that (I) (we) lost om the couses stated DATE SIGNED
O HOSPITA eforned by TO FUNERA should be de with the Stot	Gon	lan Rahael			Bultimo		tospitals	
ВР	230. BURIAL, CREMATION (SPECIFY) Burial	1, REMOVAL 236. DATE 5/31/			emetery or crematory vn Cemetery	23d LOCATION CITY OF TOWN Baltimore		Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR Walter Brook	s Bradley In	c., Dûnda	lk, M		e rec'd. by registrar 0 1 1983	ZSD KEGISTRAR'S SI	GALLA



639 N. Brood

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by firsthould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEP

PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 5	. NO.	2	5	3	3 4
LAST 20. I	DATE OF DEATH	HINOM	DAY	YEAR	2b HOI	UR

1	- STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	8 5	12	3	3 2
	ECEASED NAME FIRST	WIDDLE	į.	AST	REG. NO 20. DATE OF DEATH		YEAR	b HOUR
ITAN	PE OR PRINT) Har	rv T.	p	right	May 23,	1003	18	11 7
3 SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		ER I YEAR	IF UNDER 24 H
6	Male	White	Aug		77	YRS.	DAYS	HOURS M
	HATTIFLACE LATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	XX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	-
	Md.	U.S.A.	WIDOWE		Baltim	ore Cit	LV	
10 C	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 908 Montfo	STREET ADDRESS]		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Salesman	ON 121 F WORKING LIFE) IN	S. KIND OF DUSTRY	riger.
13a. S	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		Emplo	_
_	Md.	- Balt	imore	YESXX NO	908 Mont	ford A	ve. 2	21205
14 E	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
	William	Bri	ight	Sophia		(Overs	side
	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b. SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRE	SS	2122	2.4
	TES, NO OR UNKNOWN) THE TES GIV		LO-8770	-A Ronald	Bright (son) 6		mbra
	Conditions, if ony, which	107		sent				
TION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C		TO DEATH BUT	NOT DELATED TO THE TERM				
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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3331 Brehms Lane, Balto. Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		ASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	Gial C
	(TYPE OR	Gladys		S.	Rmio	ntwell	TVE	av 21.	1983	8:115x	
	3. SEX	Gradys	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	City and the	IF UNDER 1 YEAR	IF UNDER 24 H	
H	Fer	male	Whit	te	Nov	. 26,1912	70	YRS.	5 DAYS	HOURS M	AIN.
Z	COU	PLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
10		ryland	U.S.A		WIDOWE		BATTIMO				MD.
1	J BAI	OR TOWN OF DEATH	ST. A	HEACILITY, GIVE STREET NEST HOSE	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT LITYPE OF WORK FOR MOST Seamstres	OF WORKING LIFE	INDUSTRY F		
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7	14 FATH	ER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME				
			MIDDLE	Condon		Amelia	C.		Port	er	
7	YES.	DECEASED EVER IN U.S. AR	MED FORCES?	216-01-		Nancy J. H	arrison.		As #1	3	
2	MEDICAL CERTIFICATION 110 121 121 122 132 133 134 135 135 135 135 135 135	onditions, if ony, which ove rise to immediate ouse (a), stoting the nderlying cause lost. IRT 2. OTHER SIGNIFICANT (CATCUSE) DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEALER AND COURSED WHILE NOTIFY MEDICAL EXAMINES (INJURY OCCURRED AT WORK NOTIFY HED (CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEALER INTO COURSED CONTRIBUTING COURSED COURSED COURSED NOTIFY MEDICAL EXAMINES (INJURY OCCURRED COURSE) AT WORK NOTIFY HOUSE (CONTRIBUTION COURSED COURSE) B. I Certify that (1) (this hosping course) (in certify that (in) (did no obove, (i) (ment did) (did no obove, (i) (ment did) (did no obove, (ii) (men	DUE TO, O (c) CONDITIONS CO 196 COND 216. TIME O HOUR A. P. 21e. PLACE: (AT HOME, STE tol) oftended th	TION FOR WHICH LECT M. MONTH DA M. OF INJURY BET, FACTORY, OFFICE, F e deceosed from 21.19	OPERATIO OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED OLD OBSTRUCTO 21c. HOW INJURY OCCURE 21c. LOCATION STREET 1982 Ind that in Jury (our) opinion of the physician o	20g AUTOPSY? YES NO DEPARTMENT OF INJ CITY OR T MEDICAL STA DIRECTOR PHYSI	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PA OWN AFF	WERE FINDING CAUSES COUNTY 19 27, rond from the	NGS USED OF DEATH? NO state though (we) couses state SIGNED 1 · 8 3 .	E lost
	23a. BUR	RIPU AROR. IAL, CREMATION, REMOVAL SEY BUTIAL	236. DATE			900 S. Cato	23d. LOCATION CITY OR TOWN		COUNTY	212 STATE	
		בעד דמד	may 2	5,198B I	орта	r Springs		O Ho	oward,	Md.	

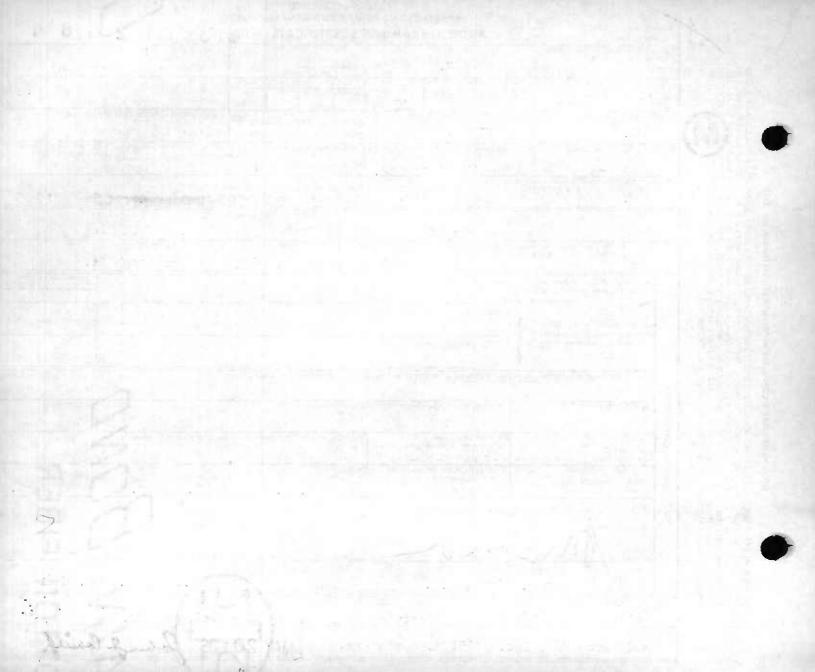
DHMH - 16 50M 4/B2 (VRA 15, 4)

Maries W.Burrier, Jr., Sykesville, Md.

25 MATURES TO BURES BY RAR MA REGISTRALE SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR FIRST DECEASED NAME 20 DATE KNOWN [X] 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED C. ALON70 BR I SCOE 1983 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY 10:16 PRONOUNCED 3 Black. 61 Male DEAD 1983 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) USA WIDOWED DIVORCED Baltimore City O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore (DOA) Johns Hopkins Hosp. In STATE 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 906 McDonogh St. 21205 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIODLE Ruth King Alonzo Payne R. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (IF YES GIVE WAR OR DATES) N/A Ruth R. King 906 McDonogh St. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) OUD BE USED AS A BURIAL - TRA SIT PRIMITED FOR THE AND MENTAL HYGIENE OF THE BURIAL, CREMATION, OR FEMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stab wounds of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO C THE CI 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOURYAY MONTH DAY YEAR EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR; PAGE 3 SHOUL AGITER DEATH, WITH THE STATE DEPARTMORE, MARYLAND, 21201 PRIORT Subject stabbed 9 - 3 (P.M. 5 - 18 - 18 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY Md. WHILE NOT WHILE 800 blk. N. Chapel St. Balto. street 220. I certify that I taak charge of the remains described above, held an Inspection Homicide X Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 5-19-83 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 5/23/83 Eastview Mem. Pk. Baltimore, Md. Burial BP 250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Wm C March F/H, Inc. IIO1 E. North Ave. (VR A15 ME (5)) 20M 4/82



BP______ DHMH - 16 50M 4/82

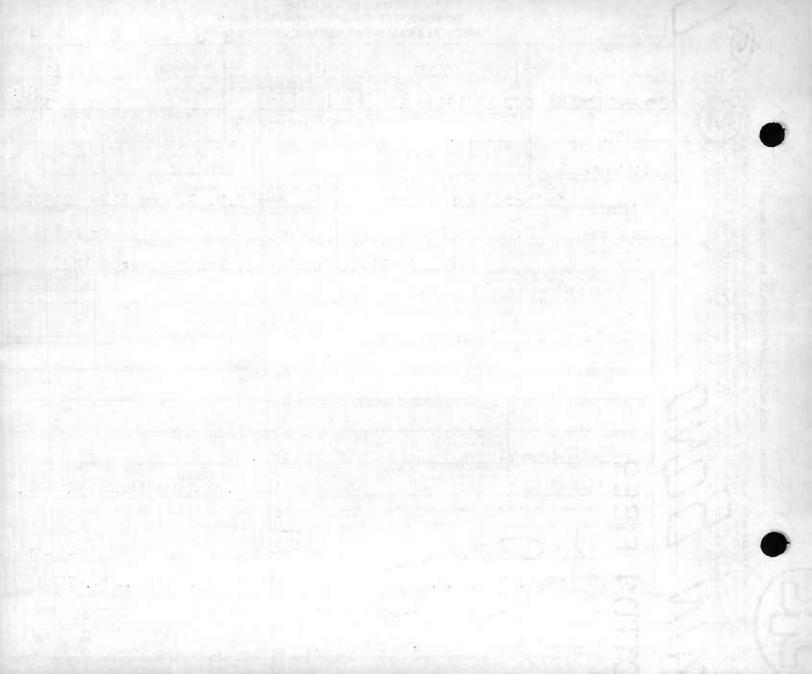
(VRA 15, 4)

L. H. Boardler

				STATE	E OF MARYLAND				
	1	FOR STATE	DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE	,	0 7	() les
	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	S REG. NO		40	0 3
	I. DEC	CEASED NAME FIRST	T A RATTICE MIDDLE	L	AST D. D. T. G. G.		MONTH DA	AY YEAR	26 HOUR
	{TYPE		JA MES MIDDLE	Ba	BRISCO	M	av 10	1983	215
		Vanes		151	Li Con		/		M
	3. SEX		4. RACE	S. DATE C	DE BIRTH	6. AGE IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
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12		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	Dayson woods []	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
O		OUNTRY)	11.5.A	WIDOWE	DIVORCED DIVORCED	Balt:	ma.	VE	145
T	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a. USUAL OCCUPATI	NC	175 KIND OF	MD F BUSINESS OR
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1	16n V	AS DECEASED EVER IN U.S. ARA		IRITY NO	17 INFORMANT	ADDRE	SS	700	DEXTIL
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		18 CAUSE OF DEATH (Enter onl	ly ane cause per line far (a), (b), on	d (ci.)				BETWEEN O	MAJE INTERVAL
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			(c) De Ch b1	145	Ulcers			1 1000	1 2
	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I (a	1
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	ER.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1	21c. HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUSE OF DEA							
9-1	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	ALL LOCATION				
	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK ON AT WORK							
		220.1 certify that (1) (this haspit	tal) attended the deceased fram_		. 19	, to	, 19	9, t	hot (I) (we) last
		saw the deceased alive an	19	an	nd that in (my) (aur) apini <mark>a</mark> n a	death accurred an the do	te and hour	and from the c	ouses stated
7		obove, (I) (we) (did) (did not 22h. SIGNATURE	view the bady offer death.	1	DEGREE			22c DATE S	IGNED
		RO. O	61.	MA	ATTENDING	MEDICAL STAF	F		10-83
-		22d, PHYSICIAN'S NAME TTYPE OF	ana	0.00	PHYSICIAN [DIRECTOR PHYSIC	IANIEL	1)-3	10-07
/					22e. ADDRESS	MY HOODEN		DATES	3.60
V-		BLAIN J. Al	NICEM		BALTIMORE CI	II HUSPITAL	٠, د	Balto.,	, MD •
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N		EMETERY OR CREMAJORY	23d LOCATION	5.77		
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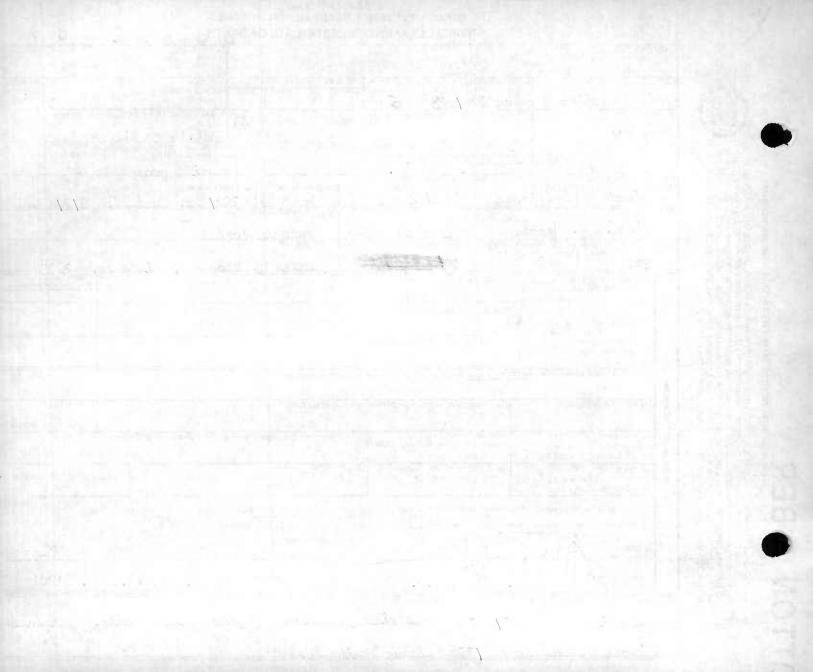


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1	THE OKTAINT)	Irv	in	P.			ronst	ein		OF DEATH	ESTI- MATED		5/18	1983	
3. 5	EX	4. RACE	5. DATE OF BIR	AY YEAR	6. AGE (IN YE.			IF UNDER	24 HRS.	2c. DATI	E NCED	MÓ	NTH DA	AY YEAR	Sq. John
L	MALE	WHITE	JUNE 5	,1904		RS.				DEAL	D			0 1983	4:1;
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ers.		E (IF IN NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENC	e BEFORE ADMISSE	ONI							JWO	OL CL	IPPIN
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14	FATHER'S NA		MIDDLE				TS. MOTHE	R'S MAIDE	EN NAME		MIDDLE			LAST	
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MEDICAL CERTIFICATION	19a DATE	OF OPERATION	TI96 CON	NDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	. AUTOPSY	2
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			ge of the remains	descibed ab	ave, held an	Autop		Inspection		Inquiry		and in n	ny opinion	1	
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4	SIGNATUR	1	grower	10 10	mu	M.	Depu	ty Ch	LENTEDI	CAL EXAM	MINER	SI	ATE IGNED	5/2	1/83
4	EXAMINER (TYPE OR P	SNAME The	omas D. S	mith.	M.D.	AL.	ADDRESS	Ш	Penn	St.	Bal	to.	MD.		
230	BURIAL, CREA	AATION, REMOVAL			NAME OF CEA		ADDRESS_ R CREMATO			CATION	Dul				
	BURTAL		5/23/83	F	ORBAND	CE	Μ.		RO	OSESA	LE.	BALT	O. MI		TATE
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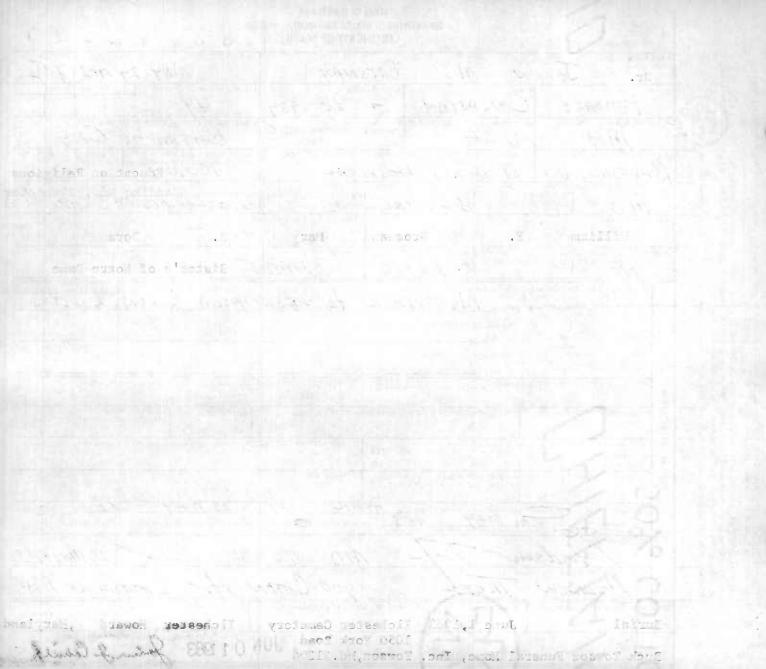
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Baltimor AL RESIDENCE (IF STATE MARYLAND ATHER'S NAME	E IN NURSING HOME OF	(IF NOT IN SUCH FA	PITAL NUE		WIDOWE		DIVORCE	D		timor		TY OF		
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WAS DECEASED E YES, NO, OR UNKNOWN NO	(IF YES, GIVE V	WAR OR DATES)	218			BARR		NSTE:	[N 1	ADDRES				(212
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DE LA						S PERFORA	AED?					1 20	AUTOPSY	? NO [
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22a I certify death resulted ACTUAL SKSNATURE	that I took charge fram: Nature	e of the remains des	Accordant	ve, held an	Autapsy cide ,	Rock Hamici TITLE (SP	Inspection de X	Undeter	Inquiry mined mo	Inner I	and in my o	apınian E NED	5/2	Md
	Canditions, gave rise cause (a) sh lying cause PART 2 OTHER SIGNI 19a. DATE OF O 21a. EXTERNAL (UNDERLYING CONTRIBUTION 21d. INJURY OC WHILE AT WORK 22a. I certify the death resulted EXAMINER'S NA (TYPE OR PRINT)	18 CAUSE OF DEATH (Enter onleast part I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OR CONTRIBUTING COURSED WHILE AT WORK AT WORK 210 Lectify that I tack charged death resulted fram: Nichard Signature EXAMINER'S NAME Thore	18 CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE Of the Top of the Terminal Course last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CAUSE WAS UNDERLYING ** OR CONTRIBUTING ** OR CONTRIBUTING ** OR CONTRIBUTING ** OR CONTRIBUTING CAUSE OF DEATH 210. EXTERNAL CAUSE WAS UNDERLYING ** OR CONTRIBUTING CAUSE OF DEATH 211. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK Thomas Described above, held an death resulted fram: blothcol causes Accorded Suith Accor	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (C) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (C) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS CONTRIBUTING TO CAUSE WAS UNDERLYING TO RECEIVE THE CONTRIBUTION TO THE TERMINAL DISEASE (C) 210. EXTERNAL CAUSE WAS UNDERLYING TO BE THE MILE OF INJURY (AT HOME. STEEL, FACTORY, FARM, ETC.) 211. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 212. I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Alexandre Causes Accorded Suicide Towns and the control of the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSE (b): Multiple stab wounds	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The cause of Death (Enter only one cause per line for (a), (b), and (c).	THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d). 170. DATE OF OPERATION 170. DATE OF OPERATION 170. DATE OF OPERATION 170. CAUSE OF DEATH 170. DATE OF OPERATION 170. CAUSE OF DEATH 170. CAUSE OF DEATH 171. LINE OF INJURY HOUR A.M. MONTH DAY YEAR 2 P.M. 5 10 19 83 Subject stabbed 210. INJURY OCCURRED WHILE WHILE NOT WHILLE AT WORK 211. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) AT WORK 270. I certify that I took charge of the remains described above, held an Autopsy ACCOUNTED. TITLE (SPECIFY) DATE OF DEATH TITLE (SPECIFY) DATE OF DEATH SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., ADDRESS THOMAS D. THOMAS D. SMITH, M.D. ADDRESS 111 Penn St. Balto.,	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Multiple stab wounds Canditions, if any, which gove rise to immediate cause (a) Multiple stab wounds Canditions, if any, which gove rise to immediate cause (a) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONS	RETURN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Fried Control States American Control and

			STATE OF MARYLAND	
1		OR TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	77 0 0
	F	EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REG. NO. 2	3 8 9
1.	DEC (TYPE	EASED NAME FIRST OR PRINT)	MIDDLE LAST 20 DATE KNOWN MONTH	DAY YEAR 26. HOUR
L	100	EDWAR	D Willis BROOKS DEATH MATED \$ 5	28 19 83
3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d HOUL
- 1	ma		Jan 29, 1928 55 YRS. DEAD 5	28 1983 5:30
7		THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
		ryland	₩DOWED □ DIVORCED □ Baltimore City	ME
10	0 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
1		Baltimore	3501 St. Paul St. Security ouand	$m \not= g$.
	SUA Ig. ST	ATE, 136 COUNT	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
1	la	yland Balti	imore Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	21218
4	4 FA	THER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
1		Charles J. Broo	and the second s	
14	6a. W (YE	AS DECEASED EVER IN U.S. ARM	AED FORCES? 166, SOCIAL SECURITY NO. 11/. INFORMANT ADDRESS	
L		yes (IFYES GOEV	Charles C. Brooks 7 Vista S.	0. 30227
T		18 CAUSE OF DEATH (Enter only	y ane cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	PART I DEATH WAS CAUSED	ECAUSE(a) Alcoholism	
		3030	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if ony, which gave rise to immediate	(b)	
		cause (o) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Design Control
			(c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	FALLS FALLS
	<u>S</u>			
1	3	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1	THE			YES NO X
	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY AND HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	RT 2)
	CAL	CONTRIBUTING CAUSE OF D	EATH P.M. 19	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE -	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
		AT WORK AT WORK		
1		22a I certify that I took charge	e of the remains described above, held on Autapsy 🔲, Inspection 🐰, Inquiry 🔲, and in my ap	inian
			al couses X Accident , Suicide , Homicide , Undetermined manner	THE WALL
		4	TITLE (SPECIFY)	
		ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNE	5-29-83
9	1	1	1/ Y	
LY		EXAMINER'S NAME And	M. Dikon, M.D. ADDRESS 111 Penn St., Balto.,	Md. 21201
2	30.BL	RIAL, CREMATION, ASMOVAL I		NTY STATE
		cremation	5/21/82 Westview (rematory Catonsville Butt.	a - Manuland
2	4 FU	NERAL DIRECTOR	296. DATE REC'D. BY REGISTRAR AS REGISTRAR S	
	A	mbrose Juneral	Home 1328 Sulphun Spring Rd MAY 31 1983	
-				



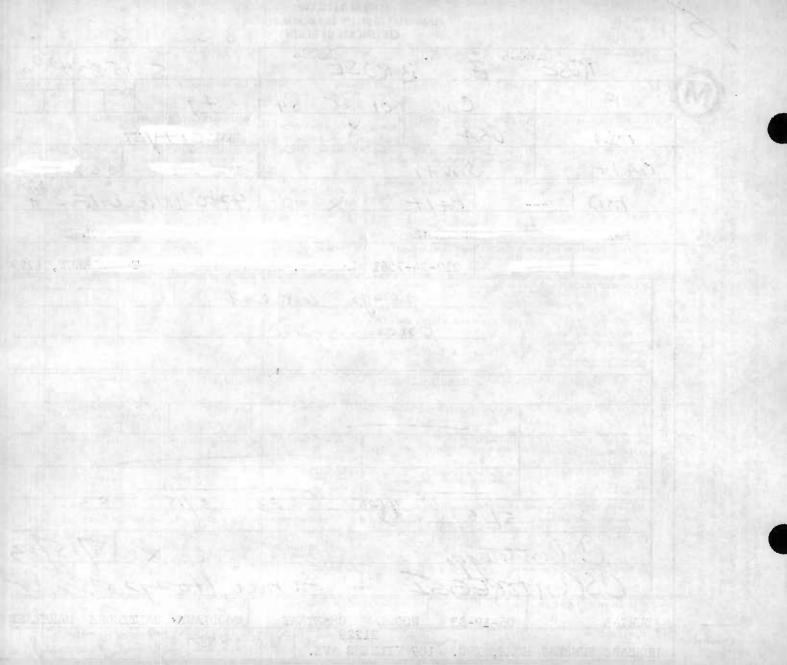
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 7a. DATE OF DEATH I. DECEASED NAME 7b. HOUR (TYPE OR PRINT) JOANN ISROSNAN Sr. 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1939 AUCASIAN 20 BALTIMORE CITY OR COUNTY OF DEATH THPLACE 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED OUNTRY) SALTIMORE WIDOWED DIVORCED ITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! NUM Education Religious ALTIMORE HOSPITAL UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ALCHOISHED REDUCT J. CATON BY-MO 136 CITY OR TOWN 13d. INSIDE GITY LIMITS? M. J.Imone YES NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME William Brosnan Marv E. Doran ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 018 306 250 Sister's of Notre Dame NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY 6 WEEKS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (1) (mis hospital) attended the deceosed from 14 sow the deceased alive on May obove (1) Color did not) view the body after death. and that in (my) opinion death occurred on the date and hour and from the causes stated 27h SIGNATUI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 274 PHYSICIAN'S NAME (THE OFPENT) 22e. ADDRESS the S MPORT ROFF shoul with 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL June 1,1983 , Maryland Burial Ilchester Cemetery BP. Ilchester Howard 1050 York Road 250 PATRECD. BY REGISTRAR 256 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15, 4)



, 5	1.	FOR STATE REGISTRAR	DE	PARTMENT OF I	E OF MARYLA LEALTH AND M LICATE OF D	MENTAL HYG	SIENE 8 SEG. NO	12	391
2 (M)		CEASED NAME FIRST ISA	MIDDLE		OOKS		MAY 9, 19		25 HOUR 11:20
pu p	3. SE		4. RACE	5. DATE (YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
oth. Poge		Male RTHPLACE (STATE ORFOREIGN COUNTRY) Iaryland	Black 75. CITIZEN OF WHAT COU U.S.A.	NTRY? 8. MARRIE	D NEVER M	05 AARRIED ORCEDXIX	7 7 9. BALTIMORE CITY OF BALTIMO		TH M
by the fun)0. ⊂ B	ITY OR TOWN OF DEATH ALT IMORE	11. NAME OF HOSPITAL, NAME OF	HOPKINS	OR OTHER INST	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KIN WORKING LIFE) INDUS	ND OF BUSINESS OF
filled in	130. S Ma	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	UNTY 13t. CITY O	e before admission) R TOWN Ltimore		NO 🗌		yson St.	21217
ompletely and 2 sk	1	ATHER'S NAME Alex	Bro	ooks		ice	WIDDLE		Piner
on and camps. Pages 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, A	GIVE WAR OR DATES)	- 16 – 516	17. INFORMAN		ADDRE: kles 811 N	. Payson	Street PROXIMATE INTERVAL WEEN ONSET AND DEATH
quires that the death c signed by the ottendir Then please remove carl to buriol, cremotion, or njury, or other troumoti	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) MULT DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTING	ISEQUENCE OF		to the term			3 weeks
The low reicion. te has been ssit permit. I giene prior shows any is	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO			200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU YES	USES OF DEATH?
PHYSICIAN: ending phys this certifica he burial-traind and Mentol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LE LIFE EITHER, NOTH'S MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MONT	19	216. HOW INJ		RED (ENTER NATURE OF INJUR		
OR ATTENDIN b hospital or ORECTOR: Af- ched for use o Dept. af Health Hem 21 is ma		220.1 certify that (1) (this has	spital) attended the deceased on 5-4 and view the body after death		nd that in my DEGREE	(our) opinion	death occurred on the do	22c. D	
TO HOSPITAL Cretained by the TO FUNERAL IS should be deto with the Stote IMPORTANT: If		22d. PHYSICIAN'S NAME (TYP	SCHINDLER		22e ADDRESS	ins H	topkins ldospi	in in its	
BP	23a	BURIAL, CREMATION, REMOVE 18 18 URIAL	23b. DATE 5/14/83		oods C		Fountai	n	Md.STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director n C March F/	H Inc. 1101°	DDRESS Nort	h Ave.	25a. DA1	AY 1 0 1983	25b. 1 GISTBAR'S SIG	THAT CE WILL

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(VRA 15, 4)



	NT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	1	213	9	3
DLE	U	AST .	20. DATE C	F DEATH MON	ITH DA	Y YEAR	26. HOU	IR
audette	, 6	ROWN		MAY	17	8.5	330.	A M
5	DATE O	F BIRTH	6. AGE (IN	YEARS LAST BIRTHDA	,	UNDER I YEAR	IF UNDER	24 HRS
	6	3 45	3	7	YRS.	5413	170000	Avii4.
AT COUNTRY? 8.	AAA DDICC	M NEVER MARRIED	9. BALTIMO	ORE CITY OR CO	OUNTY C	FDEATH		
/	VIDOWE		13,	ALTIMO	ME	CITY		MD
CILITY GIVE STREET ADD	DRESS)	ROTHER INSTITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WO		126. KIND O INDUSTRY		SSOR
E RESIDENCE BEFORE AD COLTY OR TOWN A CTIMOR	1	13d. INSIDE CITY LIMITS?	130. STREET	ADDRESS LOCA	4EA	en On	2.7	2120
EVA NS		15. MOTHER'S MAIDEN NA.	ME	MIDDLE		EAT		
SOCIAL SECURIT		17. INFORMANT	100	ADDRESS				
12- 42	-9569	HOSPITAL C	HART					
e far (a), (b), and (c1.)					BETWEEN	MATE INTER	DEATH
LAST CR	1515	OF CHEON	ne n	14 € CO 6 €	2000	5	Lau	S
S A CONSEQUENC	CE OF			CEMIA				

	y ane cause per line far (a), (b), and (c), b) BY: E CAUSE (a) BLAST CRISIS	OF CHRONIC	MYECOGENOUS	BETWEEN ONSET AND DEAT 5 days
2051 Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		EUXEMIA	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			

ATHULOGIC 19a. DATE OF OPERATION

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT)

TO BIRTHPLACE (STATE OR FOREIGN

BALTIMONE

MARYLIND

(YES, NO OR UNKNOWN)

JAMFO

14. FATHER'S NAME

CAROLINA 10 CITY OR TOWN OF DEATH

3. SEX

BURMADINE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GI 13b. COUNTY

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

BACT

MIDDLE

(IF YES, GIVE WAR OR DATES)

4. RACE

76. CITIZEN OF WH

NAME OF HO

(IF NOT IN SUCH FA

UNIV

196 CONDITION FOR WHICH OPERATION WAS PERFORMED PATNOLOGIC FRACTURE GEAT NIT

FLACTURES OR BOTH FEMURS +SEVERAL 206. IF YES, WERE FINDINGS USED 20s AUTOPSY

1283 22

216. TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? NOM YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M. 19

211 LOCATION

COUNTY STATE

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (but) apinian death accurred an the date and haur and from the causes stated

CITY OR TOWN

saw the deceased alive on MAY 16 abave. (Did alive on view the body after death. 226. SIGNATURE

DEGREE

8-3

22r. DATE SIGNED ATTENDING MEDICAL STAFF

226, PHYSICIAN'S NAME (TYPE OR PRINT

PHYSICIAN DIRECTOR | PHYSICIAN 22e. ADDRESS

CHAEL HAMILTON 236. BURIAL, CREMATION, REMOVAL

UNIV. OF MARYLAND HOSPITAL, BALT 23d LOCATION 231. NAME OF CEMETERY OR CREMATORY

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

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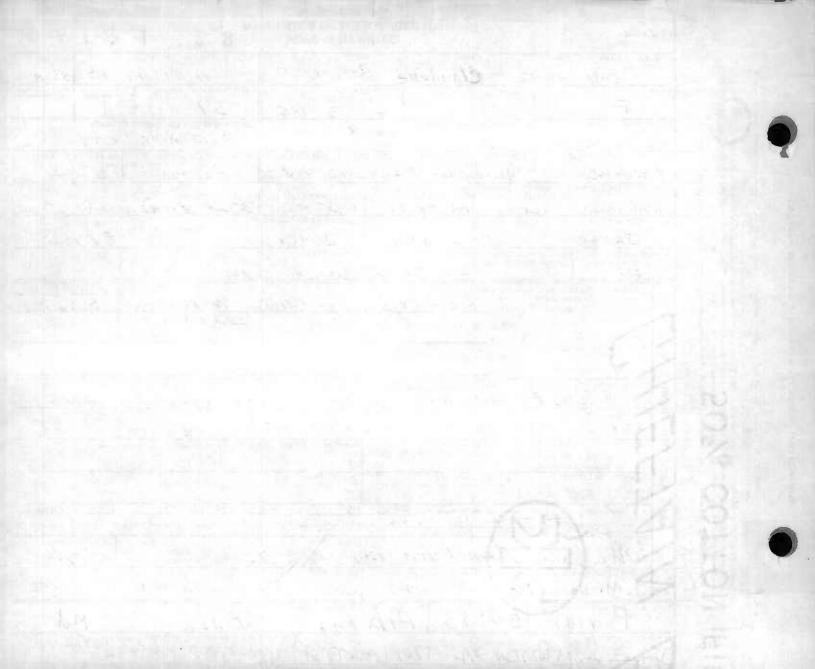
24. FUNERAL DIRECTOR

A. M DOZTON I/4

220.1 certify that (1) (this hospital) attended the deceased from FEB

ADDRES 201

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNAR



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR NG. NO 2a. DATE OF DEATH 25 HOUR I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) CHRISTINE BROWN 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAYS Female Black 6 29 15 67 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY N. Carolina U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY UNION MEMORIAL HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
134 STATE 135. COUNTY 137 CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore YES [X] 2104 E. Federal St. 21213 NO F 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Samue1 Hunt Wimbush Mary 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS An WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) Junious Brown 2104 E. Federal Street 212-40-2920 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: WKKES PNSUMONIA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS RUM FAILURG DIABETES CON645715 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES -210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21a, PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from. 3 and that in (my) (our) spinion death occurred on the date and hour and from the causes stated obove, (1) we [did] [did not | view the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR 22a. ADDRESS UNION MEMORIAL HOSPITAL CHARLES ROSENFARB

23¢ NAME OF CEMETERY OR CREMATORY

BP. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

STURIAL

Wm Cammarch F/H Inc. 1101 F North Ave.

5/20/83

Baltimore Baltimore Cemetery

23d. LOCATION

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IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, ar other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
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		ORPRINT)	FIRST	M	IDDLE	Ex	ST		20. DATE OF DEATH MONTH	DAY	-	26. HOUR	t
			Tesse	7		B	rown S	h	5	10	8-5	1	AN
	3. SEX	(4.	RACE		5. DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER	4 HRS
		Male		Blac	k	11	22	13	69	rRS.	54.3	OUNS	741114.
7		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	VHAT COUNTR	Y? 8.	M NEVER M	ADDIED [9 BALTIMORE CITY OR CO	UNTY OF D	HTASC		
0		V. Carolir	ia	USA		WIDOWE		ORCED	Baltim	ore (city		MD
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6	E	Baltimore			07 MCK		vonuo		Retired	ING LIFE)	NOUSTRY N/A		
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9	130. 3	Md.	136 COUNTY		Balti		13d INSIDE CI	NO T	130. STREET ADDRESS BO			212	1 /
	14 FA	THER'S NAME				JIIO/LE.	15 MOTHER'S	Grand	AE	IL AUG	MILO		
1/		FIRST	MID	DIE	LAST			FIRST	MIDDLE		LAST		
0	16n W	AS DECEASED EVER	IN II S ARME	D FORCES? I	166 SOCIAL SE	CURITY NO	17. INFORMAT	nie.	ADDRESS			iels	
		ES, NO OR UNKNOWN)	(IF YES, GIVE W						Balto.	Md.	212	29	
	_				218-05		чалу в	nown	123 N. MO	nasto			
		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED E	one couse per l	line for (o), (b),	and (cl.)		0			BETWEEN	MATE INTERV	PATH
		111	IMMEDIATE (or.	arr.	occi				mes	3.	
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		Conditions, if any,		(b)_(or.	art,	des	A			you	1,	
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		underlying couse	lost.	(c)	HAS	CVI					yr-	١,	
		PART 2. OTHER SIGN	HEICANT CO	VDITIONS CO	NTRIBUTING TO	DEATH BUT	OT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN	PART 10	1)	
	CERTIFICATION	Lear	me	1.12	ushr	osek	rosis	1		15.56			
19	CAT	190 DATE OF OPERAT	ION	19h CONDIT	FOR WHIC	H OPERATION	WAS PERFOR	RMED	20a AUTOPSY? 20b.	IF YES, WEI	RE FINDIN	GS USED	12
-	=	1 15 15 15 15			-				YES NO 1	YES 🗌	CAUSES	NO [
2	E	210. ACCIDENT WAS UND	L.,d	216. TIME OF		DAY VEAD	21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 C	OR PART 2)		
7	AL	OR CONTRIBUTING C		P.A	A. MONTH	DAT TEAR							
	MEDICAL	21d INJURY OCCURE		21e. PLACE C	OF INJURY		21f LOCATIO	N	CITY OR TOWN		COUNTY		ATE
	₹	WHILE NOT WH	ILE 🔲	AT HOME, STRE	ET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TOWN		OUNIT	517	MIE
		220.1 certify that (1)		ottended the	deceased from	Agr	17	1967	=10 ×5/10/F	-519_	. 1	hor (I) ow	e) lost
		sow the decease	d olive on	7/1	3/83	- 1	that in my	our) opinion o	death occurred on the date on	d hour and	from the c	ouses stat	ted
		above (I) we) (a	lid) (did not) v	iew the body o	after/death,	~ [EGREE			- 1	The DATE S	IGNED	
	34	1/20	f. 3/8	1/	mi	(1)	A.	TTENDING	MEDICAL STAFF	_	di	1/4	3
1		224 PHYSICIAN'S NA	WE THE STR	me	7,116	4	22e. ADDRESS		DIRECTOR PHYSICIAN		111	70	2
		721	1017	41		Mi	100	1	10 126		3/10	2	
	-	1 11111	SIVI	CAR	sey	111	(601)	/rov	rum Re	wy	18		
		URIAL, CREMATION,		23b. DATE	/1		METERY OR C		23d. LOCATION CITY OR TOWN	1/20	evity:	39	ATE
		Runi	al	5-17-	8.5 A	nhutu.	Mom	Pb	Dasta			M	CI.

DHMH-16 30M 2/80 (VRA 15, 4)

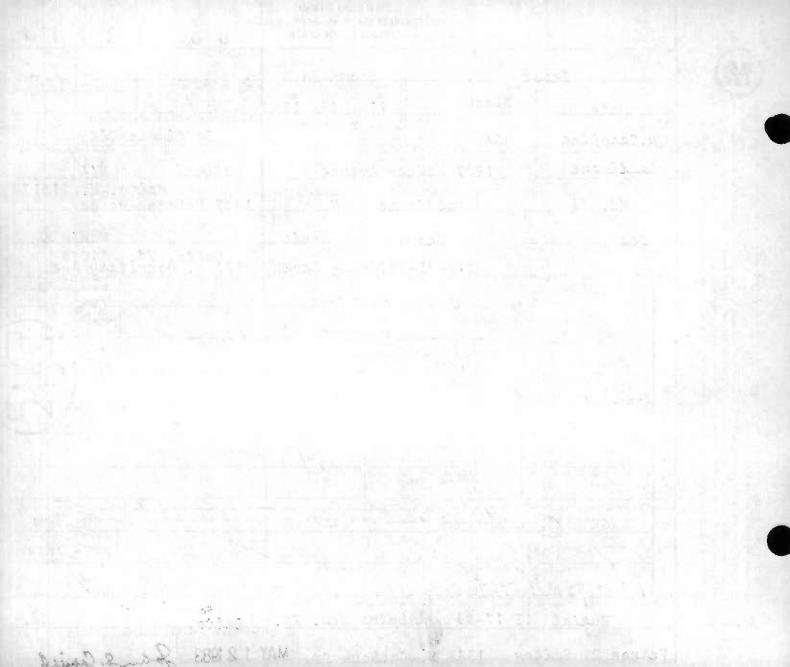
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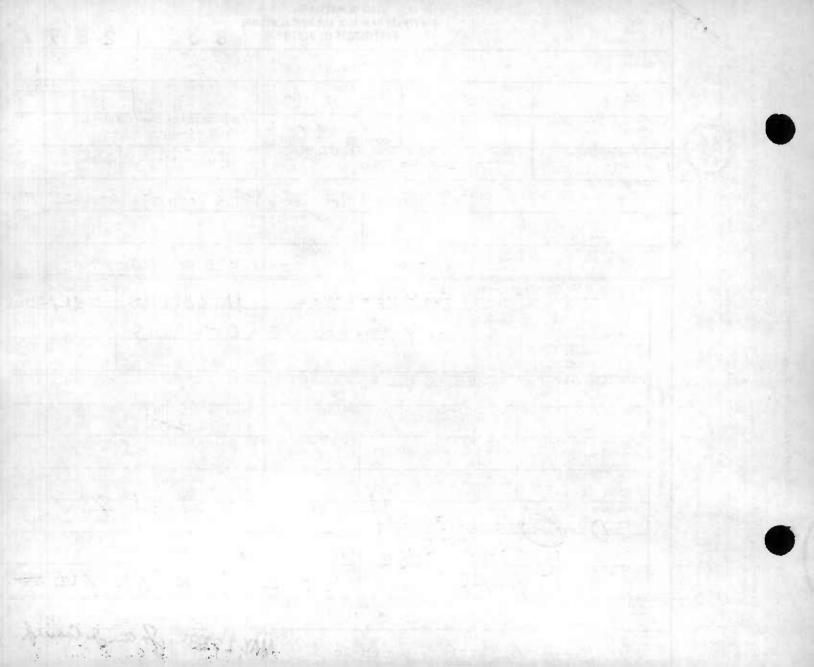
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24. FUNERAL DIRECTOR

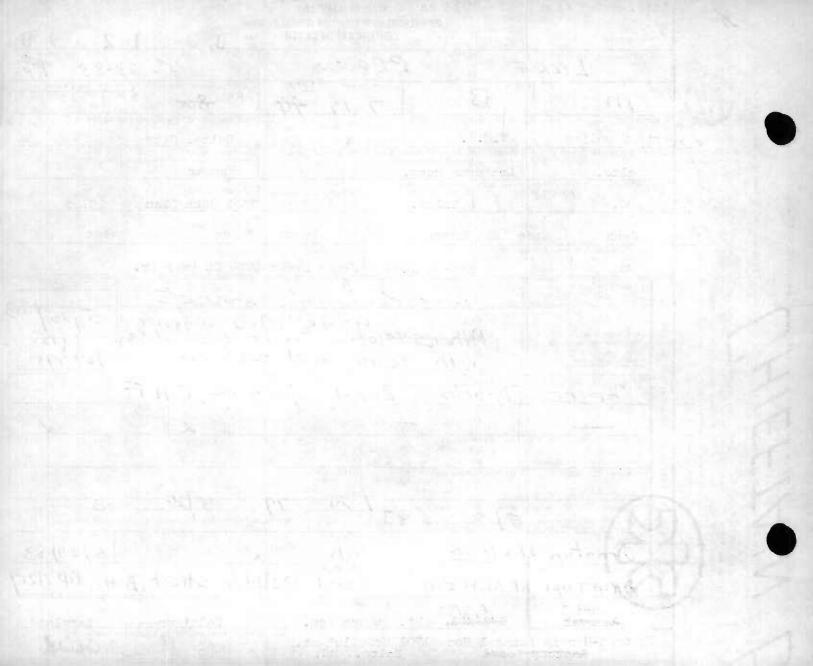
ADDRESS 1348

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE





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2)	1-	FOR STATE REGISTRAR			DEPAI		TEALTH AND ME		IENE		2 3	9 8
e n.€		CEASED NAME	FIRST		WIDDLE		Q W N		2a. DATE, OF DEATH	MONTH D	3-83 1	HOUR O
nay be	3. SE)			4 PACE		5. DATE (OF BIRTH 1	399	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR IF UP	NDER 24 HRS
9 e 4		m		E	3	монт	17 ·	90	83 84	YRS.	AONTHS! DAYS HOL	IRS MIN.
death. Po		RTHPLACE (STATE OR FO OUNTRY) th Carolina		76. CITIZEN OF	WHAT COUNTR	8. MARRIE	D NEVER MA	ARRIED -	9. BALTIMORE CITY O Balto. C		OF DEATH	ME
the de		TY OR TOWN OF DEAT		11. NAME OF		SING HOME	OR OTHER INSTIT		120. USUAL OCCUPATION OF WORK FOR MOST OF	ON	12b. KIND OF BUI	
in by se file	USUA	Balto.		OTHER INSTITUTION		FORE ADMISSION)			Farmer			
filled rauld b	13a S	Md.	sh cour	6	Balto		YES A		3505 56th F	lace	20785	
mpletely and 2 sh	14 FA	THER'S NAME FIRST John	Wa	MIDDLE de	Brown		15. MOTHER'S A		WE		Wade	
Pages 1		(AS DECEASED EVER I ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166. SOCIAL SE		17. INFORMAN		ADDRE 8704 Cushma			
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physicion. With this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled than Amental Hygiene prior to burial, cremation, or remaval.	Z	Canditions, if any, gove rise to imm cause (a), stating underlying cause	the last.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	with	Selevo DUENCE OF CON	NOT RELATED TO		epticem	nior disc	9 de	45
N: The law required by the	CERTIFICATION	19a. DATE OF OPERAT				ICH OPERATIO	ON WAS PERFORM		200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJURE	IN CERTIF		USED DEATH?
ICIAN: 9 phys errifico iol-tror ntal Hy	100	OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	THE HOW INSE	OKT OCCORR	ED (ENTER NATURE OF INJUR	A IM LIEW 18 AV	ARI I ORPARI 2)	
PHYSICIAL Thending ph This certifi The buriel-tr and Mental ked ar 4tem 1	MEDICAL	21d. INJURY OCCURRI	E 🗆	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	21f LOCATION STREET	1	CITY OR TO	WN	COUNTY	STATE
TTENDINI pital ar of TTOR: Aft far use as af Health 21 is mar		22a. I certify that (I) (saw the decease above, (I) (we) (d	this hospi			27	nd that in (my) (o	19.79 sur) apinion d	to 5 22	ote and have		(I) (we) las es stated
AL OR A the has AL DIREC defached defached ite Dept.		22b. SIGNATURE		1131.	een			TENDING TYSICIAN	MEDICAL STAF		22c. DATE SIGN 5/24	183
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT: If	4	AMATI		N MF) EEM		50 ADDRESS	Dol	phin stre	et,B	s-Ho, MP	2121
Bb 5 d s s s	23a. E	URIAL, CREMATION, P SPECIFY) BUT 18		23h DATE 6 5/26	/1/85		cemetery or cr		23d LOCATION CITY OR TOWN Baltim	ore	county Mary	state land
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FL	hatman-Har	ris :	Funeral Board	Homewook	701 McC			e rec'd. by registrar 2 1983		RAR'S SIGNATURE	4



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(3)	3	
	43.	
- Car	REG.	NO
		_

- STATE REGISTRAR		(CERTIF	ICATE OF DEATH	8 \$G. NO.	1 2 3	9 9
I. DECEASED NAME FIRST		WIOOFE	L	AST	20. DATE OF DEATH MONTH	OAY YEAR	2b. HOUR
MABEL		G.		BROWN	5	14 83	9:20
3 SEX	4. RACE	5	DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Blac	ck	3	23 08	75 YRS		HOURS MIN
Balto , Md.	76. CITIZEN OF		MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN Baltimore	TY OF DEATH	
10 CITY OR TOWN OF DEATH Balto.	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET AND MES HOSPITA	DRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS O
USUAL RESIDENCE (IF NURSING HOA 130. STATE 13b. CI	AE OR OTHER INSTITUTION OUNTY	131. CITY OR TOWN	MISSION)	13d. INSIDE CITY LIMITS?	IIIZ Lyndhurst	st.	2/229
14 FATHER'S NAME FIRST Gibson	WIOOFE	George		15 MOTHER'S MAIDENNA Henrietta	ME	Poney	ST
160 WAS DECEASED EVER IN U.S. 1455. NO OR UNKNOWN) (IF YES	. ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SECURIT	IY NO.	17 INFORMANT Mary Myers 2	212 N. Hilton St	. 2122	29
18 CAUSE OF DEATH IENTE PART I. DEATH WAS CA	USEĎ BY: DIATE CAUSÉ (0)	[NSPISSA	TED	Bronetin	c mucus	APPROX BETWEEN HOU	ONSET AND DEATH
Conditions, if ony, which	(b)	CERES!		COMA	EMILE AIRS	DA	45
couse (o), stating the underlying couse lost	DUE TO, O	RAS A CONSEQUENCE	CE OF	ALUPE		moi	VTH S

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

(CREBRAL	HTROPHY	+/	3771	EROS	CL	ERO:	515	
DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS P	ERFORMED		200 AUTOP				INGS USED
	CONTRACTOR DE				YES TO	TOP	YES	1	NO M

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER

YEAR 19 8R

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211. LOCATION 83

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

220.1 certify that (1) (this haspital) attended the deceased from. 83 sow the deceased alive on, did (did not) view the body ofter death 226 SIGNATURE

DEGREE 22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22c. DATE SIGNED 5-14-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL

21d. INJURY OCCURRED

NOT WHILE

23b. DATE

5/18/83

23c. NAME OF CEMETERY OR CREMATORY Maryland Nat. Mem. Pk.

23d LOCATION Laurel, Md.

St. Agnes Hospital

COUNTY

STATE

BP.

0

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT:

CERTIFICATION

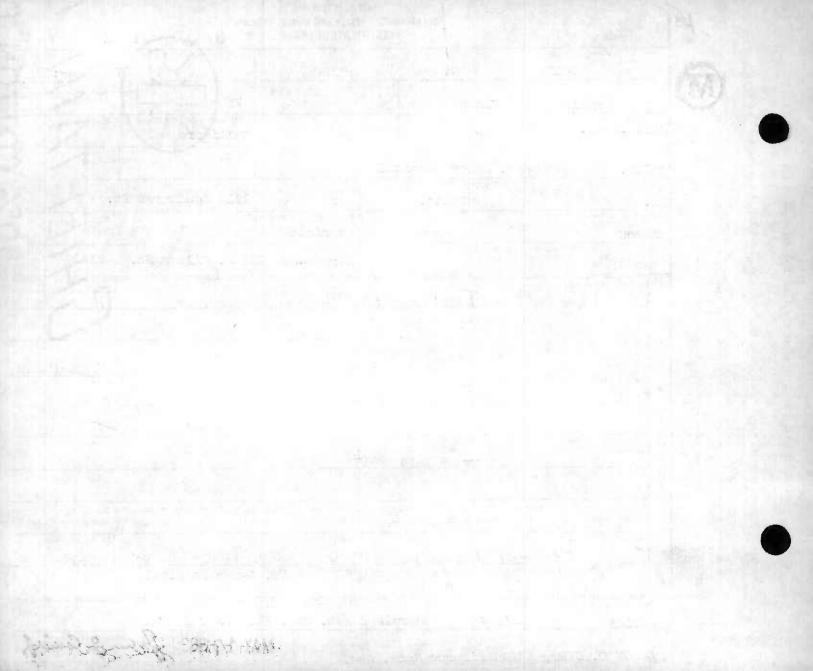
MEDICAL

Burial 24. FUNERAL DIRECTOR

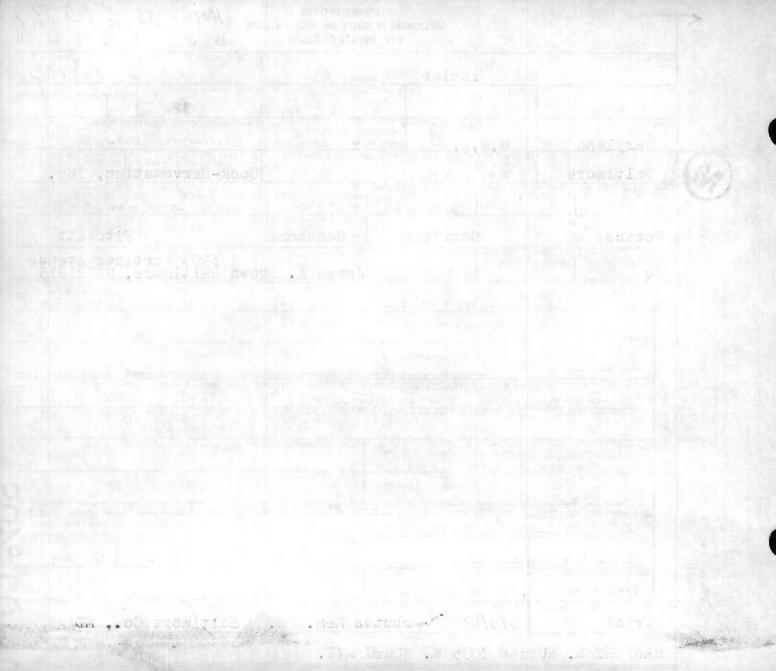
ADDRESS

LOR

LEROY O. DYETT 4600 Liberty Hats Ave



5	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE BRESN	10	6/2	059
84		CEASED NAME	FIRST	. F 334)	MIDDLE		AST	2	e. DATE OF DEATH	MONTH D		26. HOUR
ded ded		TELLS IN	MABS	_	Louis		ROWN			5 2	83	1 19
ctar, page 3	3. SE	Female		4. RACE Blac	16	S. DATE	DAY Y	EAR	AGE (IN YEARS LAST BIR	YRS.	AONTHS DAYS	IF UNDER 24 HR
72 hour		RTHPLACE (STATE OR COUNTRY) Maryland		76. CITIZEN OF		TRY2 8	D NEVER MARR	IED '	BALTIMORE CITY	R COUNTY	OF DEATH	
	10 C	TY OR TOWN OF DE Baltimor	ATH	11. NAME OF		IRSING HOME (OR OTHER INSTITUTI	ION I	20. USUAL OCCUPAT	ION DE WORKING LIFE	126. KIND OI	nc .
C	1	AL RESIDENCE (IF NUR		OTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LI	MITS?	3e. STREET ADDRESS	nortin	2124	5
od 2 sh	14. FA	ATHER'S NAME Corace		WIDDLE	Garris	- 12113	15. MOTHER'S MAI	DEN NAME			Fitche	
dwo X		VAS DECEASED EVER	ADILLE AD	MED CORCEGO		SECURITY NO.	17. INFORMANT		ADDR			
Pages medica	(YES, NO OR UNKNOWN)		E WAR OR DATES)			James A	Bro	39Ô3° own Balt	Mort:	imer A	venue
			H (Enter on	ly one couse pe			lo cane b. A.	• 1/1	JWII Dall	IIIOI C	APPROXIA BETWEEN O	AATE INTERVAL
phys mave vent,		18 CAUSE OF DEAT PART I. DEATH V		D BY:	metes	tetic	breest	Cance	-			SARO
ding or re or re		1740	MINIMEDIAI		OR AS A CONS	EQUENCE OF				11414		3
ion,		Conditions, if any	, which	(b)	JR A3 A CO143	E GOLINCE OF						
ed by the attending physicia lease remove carbonpapers rial, cremation, ar removal. or ather traumatic event, the		gove rise to im couse (a), stati underlying couse	mediate ng the	DUE TO, C	OR AS A CONS	EQUENCE OF						
Then plee ta burial njury, ar	Z			ONDITIONS C			NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVE	EN IN PART 110	1
prior prior	CERTIFICATION	190 DATE OF OPERA					NWAS PERFORMED	D	20e AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
t per	E								YES NO		S [NO []
this certificate has be burial-transit pe burial-transit pe and Mental Hygiene d or Item 18 shows		OR CONTRIBUTING	CAUSE OF DEA	un .		DAY YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
- 0 e	MEDICAL	21d. INJURY OCCUR	RED HILE D		OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
OR: After use as Health is mark		220.1 certify that (I			he deceased fi		121 5 19	83	, to 5/2		19 83,1	hot (I) (we)
bire haspital DIRECTOR sched far u Dept. af He f frem 21 is		sow the decease	did did no	5/	v ofter death.	19 <u>83</u> ,0	nd that in (my) (our)	opinion de	oth occurred on the d	ate and hour	r and from the a	couses stated
has shed sept. Item		226. SIGNATURE					DEGREE		EMPER IN		22c. DATE S	SIGNED
AL Date Date Date Date Date Date Date Date		Robert	M-los	re-	mo		ATTEN	ICIAN	MEDICAL STA	FF CIAN (4)	5/2/	83
TO FUNERAL D should be detact with the State D IMPORTANT: If		22d. PHYSICIAN'S N Robert			mo		220 ADDRESS	1103 1	ortal			
5 5 % ¥	23a.	BURIAL, CREMATION		_		23c NAME OF	EMETERY OR CREM		123d LOCATION			
P		Burial		5/5/	83		as Mem.		Baltime	ore C	O., MD	STATE
		UNERAL DIRECTOR							REC'D. BY REGISTRAF			
I - 16 50M 4/B2 VRA 15, 4)	H	ENBERT E	. NU	TTER 3	035 W	NOR"	AVE.	MA	Y 3 1983	Smill	26	shirty



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ruth Viola Brown 3. SEX Female White 9 - 7-1894 8 88 YRS LITTER OF WHAT COUNTRY BERTHPLACE (STATE OF FOREIGN COUNTRY) INCIDENCE OF BIRTH MONTH DATY YEAR 9 - 7-1894 8 88 YRS WIDOWEDS DEVOCKED DEVOKED OF BALLTIMORE CITY OR COUNTRY OF DEATH WIDOWEDS DEVOKED OF BALLTIMORE CITY OR COUNTRY OF DEATH Hebbville, Md. U.S.A. WIDOWEDS DEVOKED DEVOKED DEVOKED OF BALLTIMORE CITY OR COUNTRY OF DEATH WIDOWEDS DEVOKED OF BALLTIMORE CITY OR COUNTRY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INVESTMENT OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORKING LIFE DATA OR DATE OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORKING LIFE DATA OR DATE OF WORK FOR MOST OF WORK FOR MOS	2 4 0 2			
	MIDDLE	LAST		DAY YEAR 26. HOUR
Ruth	Viola	Brown	5 -	13-83 12:25 P
3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	White		88 YRS.	MONTHS DAYS HOURS MIN.
	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Hebbville, Md.	U.S.A.		Balto, City	MD.
CITY OR TOWN OF DEATH			12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Balto City		. Home	Homemaker	
USO STATE 13b. COL			13e STREET ADDRESS	
Md.	Balto			n St. 21205
14 FATHER'S NAME	MIDDIE		ME	
160 WAS DECEASED EVER IN U.S. A			ADDRESS	
		3308 Stewart Br	own 5619 Gerla	and Ave. 21206
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF	AINAL DISEASE OR CONDITION GIV	VEN IN PART 1(o
NO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION OR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART () PART ()

21d. INJURY OCCURRED NOT WHILE

MEDI

FOR

21e. PLACE OF INJURY

(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

and that in (my) (pur) opinion death accurred on the date and hour and from the causes stated

sow the deceased alive on above, (I) (another) (did not 22b. SIGNATURE

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Balto.

22c. DATE SIGNED May 14, 1983

Balto.

230 BURIAL, CREMATION, REMOVAL

Albert B. Bradley, M.D.

Mt. Olive Cem.

22e ADDRESS

DEGREE

4900 Belair Road 23c NAME OF CEMETERY OR CREMATORY

Baltimore, Md. 21206

Md.

STATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT:

Burial |5-16-83 | Mt. | 24 FUNERAL DIRECTOR | 3331 Brehms Lane 21213 Schimunek Funeral Home Inc.

5-16-83

220.1 certify that (1) (this haspital) attended the declared from.

they are to see a comment of the second of the person. 82 /11/2 18 /57/2 When is truelly 1000 or

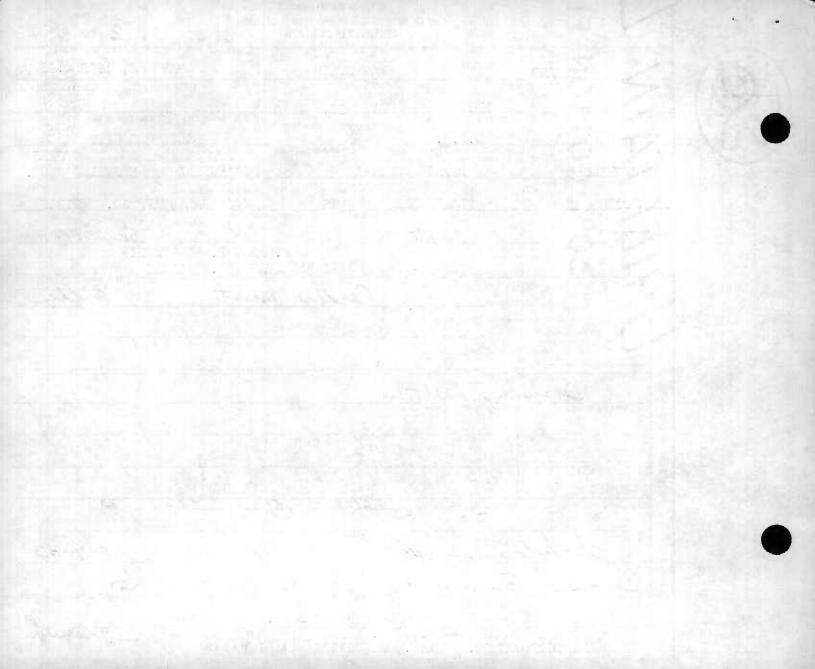
MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

2	1.	STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	rGIENE 2	3	9	2	0	3
	1 DEC	CEASED NAME	FIRST		MIDDLE		AST	20 DATE C	REG. NO		DAY YEAR	2b HO	LID
		OR PRINT)				DDOW	NOTETN	Zu. DATE	MA		6, 1983		5 p _M
	1 (5)	,	RICHARD				NSTEIN	1.405					
	3. SEX			4 RACE		5. DATE C		8. AGE (IN	YEARS LAST BIRTH	IDAY)	MONTHS DAYS	HOURS	MIN.
		MALE			ITE	MAY	20, 1916		6	YRS.			
-		RTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8.	NEVER MARRIED	9. BALTIM	ORE CITY OF	COUNT	Y OF DEATH		
2		PENNSYLV	VANIA	U	.S.A.	WIDOWE	11.71		BALT	IMORE	E CITY		MD.
6	10 CI	TY OR TOWN O	F DEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	12a. USUAI	LOCCUPATIO)N	12b. KIND IFE) INDUSTRY	STORY	ES OR
2		BALTIMOR	RE	(IF NOT IN SUCT		HOSPITA	I.		SPERSO		EPSTEIN		
2-	U5U A	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEF	FORE ADMISSION)	Land - Land				PIDILITY	UDL	- 1 -
3)		DVIAND	13b. COUN	11A	13c CITY OR TO		13d. INSIDE CITY LIMITS?			TAPP	DD 4	0101	_
~		THER'S NAME			BALTIM	UKE	YES XX NO		FALLS'	IAFF	RD. #	2121	5
200)	FIRST		WIDDLE	LAST		FIRST	711112	MIDDLE		, 11	AST	
200		JACOB			BROWN		ANNA		10000		CHNEL	DER	MEN
1		VAS DECEASED I		MED FORCES?	16b SOCIAL SE	CURITY NO.	17 INFORMANMRS.	MARY S	. BROW	NSTEI	[N		
1		NO			159-01-	-4966	4011 FALLST	CAFF RD	#21	215			
		18. CAUSE OF E	DEATH (Enter or	nly one couse per	line for (o), (b),	ond (c).	1	1		-151	BETWEEN	XIMATE INT	ERVAL ID DEATH
		PARI 1. DEA	TH WAS CAUSE	:D BY: TE CAUSE (a)			ardine a	nest			Jus	Idl	~
		450	7		AS A CONISEC	DUENICE OF				7			V
	10	Conditions, if	ony which	1	R AS A CONSEC	JUENCE OF							
	33	gove rise to	immediate	(b)						64-3			
		couse (a), underlying		DUE TO, OF	R AS A CONSEC	DUENCE OF							
		DADI O OTHER	CICLUSICALITA	(c)	AN IT DIDLIT IN IC. T	O DE ATH BUY	NOT DELIVED TO THE TER		45 40 4444				
	NO	PART Z. OTHER	Direct	Sell-	molla	The S	NOT RELATED TO THE TER	RMINAL DISEA	SE OR COND	ITION GIV	PART 1	(0,	
7	CERTIFICATION	19a. DATE OF OF	PERATION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUT	TOPSY?	20b. IF YE	S, WERE FIND	INGS US	ED
1	FIG							YES 🗔	поп		FYING CAUSE	S OF DEA	
-	ERT	21a ACCIDENT W	AS UNDERLYING	7 216, TIME OF	FINIURY		21c. HOW INJURY OCCU						
			CAUSE OF DE	LIGUE A	M. MONTH	DAY YEAR	The real state of the state of	MILED TENSER	VALUE OF INJORT	IN TIEM IS I	PART TOR PART 2)		
7	ICAL		Y MEDICAL EXAMINES			19							
	MEDI	21d, INJURY OC		21e. PLACE C	OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC)	21f LOCATION STREET		CITY OR TOW	M	COUNTY		STATE
		AT WORK	AT WORK										
				ital) attended the	deceased from	mG	1/7 , 19 8/	, to	4/6	n-	19.83	, that (I)	(we) lost
		sow the de	eceosed ofive on	ot) view the body		83-, or	d that in (my) (our) opinio	n deoth occur	red on the dot	te and hou	ur and from the	e couses s	toted
		22b. SIGNATUR				1	DEGREE	W			22c. DAT	ESIGNED)
		-	11/0	tomo	_ m	b	ATTENDING	MEDICAL	R PHYSICI	AN	5-	7-8	3
1		22d. PHYSICIAN	I'S NAME (TYPE O	OR PRINT)			22e ADDRESS	y omeero.			~		
1		1 100	RENCE	Sun	mon.	MiD	100 K	STEPP	Town	1 5	D		
1	23- D	URIAL, CREMAT					EMETERY OR CREMATORY				14		
1		SPECIFY) BUR						CII	TIMORE		COUNTY		STAMD
1	24.51			5-8-8.			TFILOH CONG.			0			THE STATE OF THE S
	Z4 FL			EVINSON				ATE REC'D. BY	1983	TO REGIST	TRAR'S AGNA	guest.	So .
		9010 F	KEISTERS	STOWN RD	., BALT	U., MD	21215 MA	41 10	1000	/			

STATE OF MAKTLAND

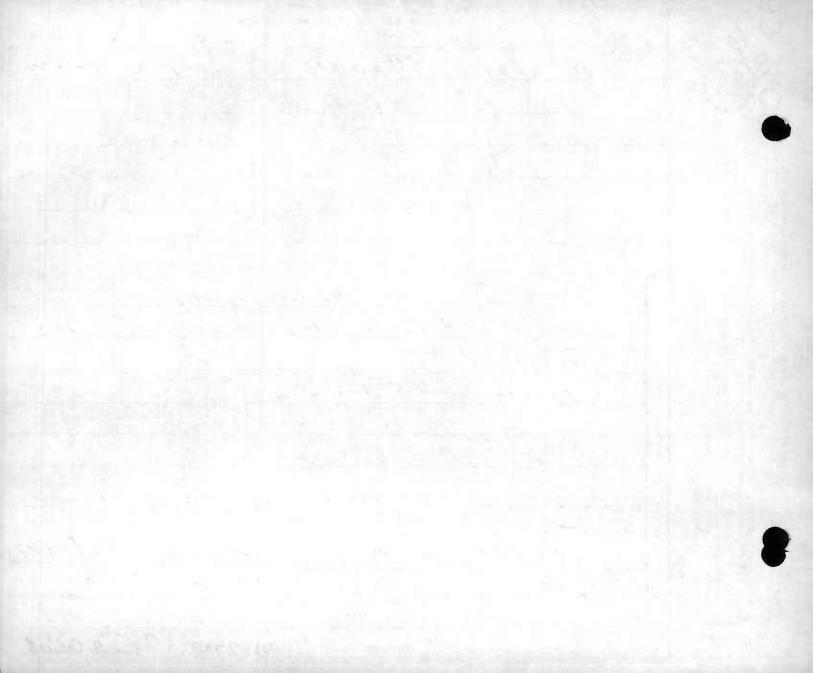
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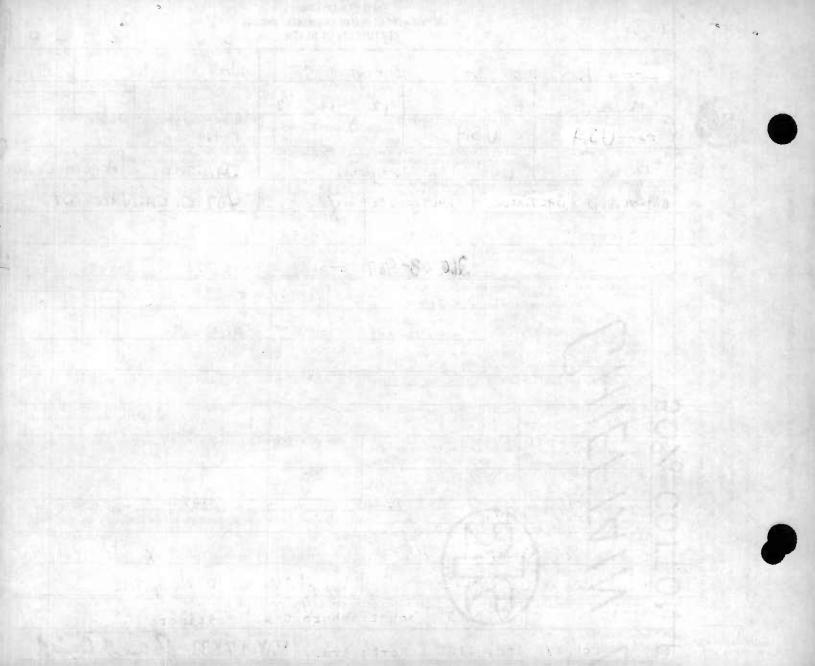
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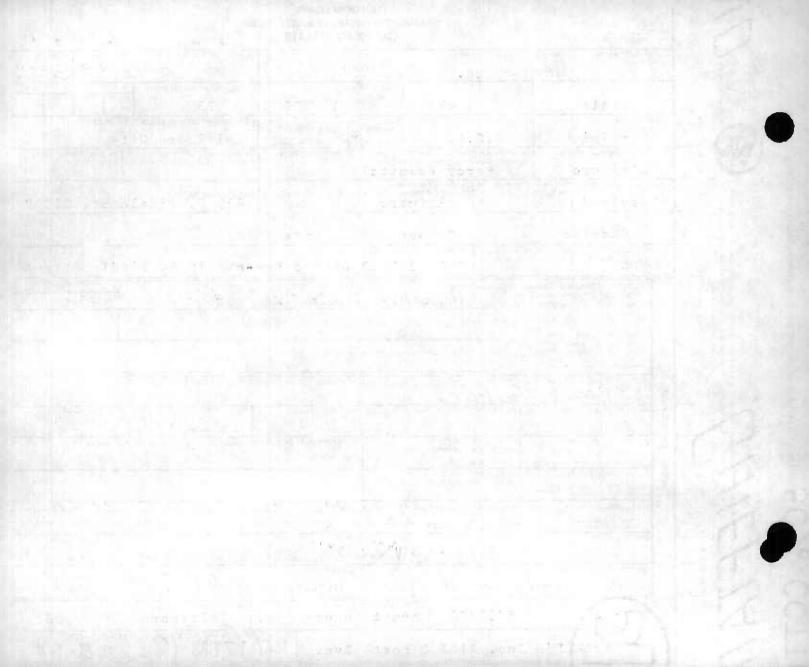


20M 4/82

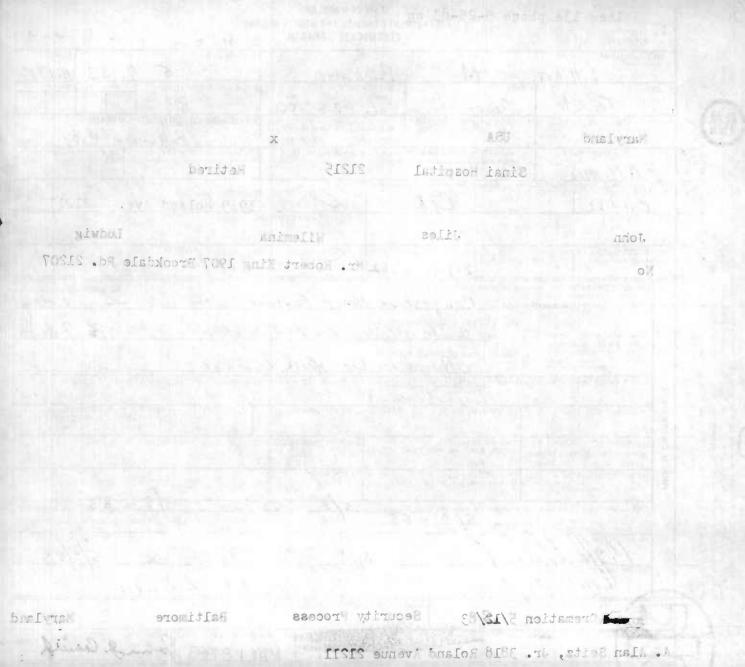
Language of the Language Control of the Language Contr State www.difficence.xx TROUGH PLANTS . Deal affiliation of the property from the color of the color Buriot 18/21/85 ot. abburg tota. The close 15. The Alexander 1900 vertew 11.







3 1		FOR Item 13e pl	hone 5-	25-83	n STATI	OF MARYLAND					
	1 -	STATE REGISTRAR		DEPAR	CERTIF	CATE OF DEA	ATH	8 SEG. NO.	12	ng () 8
		CEASED NAME FIRST		MIDDLE	ι	AST	O FUT	26. DATE OF DEATH MO	ONTH DAY Y	YEAR 2b.	HOUR
# E # # # # # # # # # # # # # # # # # #	lives	Lillian		M	Bur	kman	200	5	- 9 8	3 11	:47 PM
8 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3. SE	(4. RACE		5. DATE C	F BIRTH	YEAR	AGE (IN YEARS LAST BIRTHD		TYEAR IFU	INDER 24 HRS
- 16	1	Female	Cauc	asion	6	23	00	82		5213	Januar .
		RTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	NEVER MAR	RRIED -	BALTIMORE CITY OR C	COUNTY OF DEA	O L	440
1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STRE	SING HOME C	ROTHER INSTITU		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired	1 12b. K	CIND OF BU	JSINESS OR
120	USO,	AL RESIDENCE (IF NURSING HOME OR		Hospita				Mentred			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certification and completely falled in the ost the buriol-transit permit. Then please remove corban paper. Fagure, and 2 though the ond Mental Hygiene prior to buriol, cremotion, or removal. oxked or lagen 18 show-any injury, or other traumotic event the medical againing maniform oxked or lagen.	13a. 5	BAINC 136. COUN	ITY	13c. CITYOR TO)WN		0 🗆	30. STREET ADDRESS 3939 Roland	Ave.	212	11
RYL STEEL	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MA	T	E MIDDLE		LAST	
Ma day		John		Jiles			lemina			lwig	12 IL 130
ORE, percondicol		VAS DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES)	166 SOCIAL SE		17 INFORMANT		and and an appress and appress are also appress and appress are also appress are also appress are also appress and appress are also appress are also appress and appress are also appress and appress are also appress and appress are also appress are also appress and appress are also appress and appress are also appress and appress are also appreciate and appreciate are also appreciate are also appreciate and appreciate are also appreciate and appreciate are also apprecia		212	207
WI # 85 8/		No		217-12	-0262	Mr. Robe	SLC VII	ig 1901 proo			
BAL corte		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse pe	r line for (0), (b),	ond (c).)	. / /	/		BET	APPROXIMATE TWEEN ONSET	INTERVAL I AND DEATH
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TON or continuous notice		9100	DUE TO, C	R AS A CONSEC		4,00	1 -	1		4 7	1
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s that the please re riol, cren			(c)		sclero		16 /	sease			
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ECORI ow rec rmit. T prior t	ATIC	19a DATE OF OPERATION	19h COND		ASION CH OPERATION	N WAS PERFORM	FD	20a AUTOPSY? 2	06. IF YES, WERE I	FINDINGS	USED
hos b	CERTIFICATION		1,10					YES NO	N CERTIFYING CA	AUSES OF	DEATH?
VITAL RI N: The la nysicion. Icote hos ronsit per Hygiene 18 showe	ERT	216. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY		21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJURY IF			<u> </u>
SICIAN: ng physis certifico riol-tron them 18		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M. MONTH							
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00 00 E		22a.1 certify that (I) (this hospit	tal) attended th	ne decelosed from	n	5/2	19 83	to5	19 19 8	3 that	(I) (we) lost
TTEN pital TTOR: for us of He	m	sow the deceased alive on		5/9 19	07	d that in (my) (ou	r) opinion de	oth occurred on the date			
		obove, (1) (we) (did no	yew the body	after death.		DEGREE			22c.	DATESIGN	YED
the Director		11/9/1/16	4-1		1		SICIAN	MEDICAL STAFF	N SO	5/9/8	83
HOSPITAL ined by the FUNERAL uld be detent the Stote ORTANT:		THE PHYSIOLAN'S NAME THE O	R PRINCE)	_		220. ADDRESS				11	
TO HOSPITAL OR A retained by the has retained by the has should be detached with the State Dept.		4 Clifford	L. Anne	nd		Sinai	Hosp	ital Balt	imore		
5 6 5 2 3 ₹	23a. E	SURIAL, CREMATION, REMOVAL				EMETERY OR CRE		23d. LOCATION	COUNTY		STATE
BP		Crematic	P 5/12/	03	Jecurit	y Proces		Baltimor	e	Ma	aryland
DHMH - 16 50M 4/82	24 FL	UNERAL DIRECTOR		ADDRESS	5		25e. DATE	REC'D. BY REGISTRAR	REGISTRAR'S SI	GNATURE	. 1
(VRA 15, 4)	A.	Alan Seitz, Jr	3818	Roland 1	Avenue	21211	MA	1 8 1983	mod	Carrier .	3



STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR EG. NO . DECEASED NAME 20 DATE OF DEATH Elsie Buddington M. May 18, 1983 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Jan. 6, 1920 YEAR Female White 63 BIRTHPLACE (STATE OF FOREIGN 16. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED Washington, D.C. U.S.A. Baltimore City CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Sinai Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Own Home

OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

13c CITY OR TOWN

Ma	aryland	Carol	Taneytown	YES NO	3345 Bert	Koontz Road
1/	ATHER'S NAME FIRST Blace	WIDDIE	Miller	Jessie	AME	Schareck
	(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	218-07-8944	Mr. Warren E	ADDRE Buddington	No# 13e.
	PARTI DEATH W	DUE TO, (o) which nedigte	Cardio pur	Imenany as		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGN	NIFICANT CONDITIONS CONTION 196. CONT	Jeuphe ONTRIBUTING TO DEATH BUT DITION FOR WHICH OPERATION I PLAN USE LAN	N WAS PERFORMED		
MEDICAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING [11 EITHER NOTIFY MEDI 21d INJURY OCCUR	DERLYING TO A TIME (CAUSE OF DEATH CALEXAMINER) RED 21e. PLACE (AT MOME, S'			RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
	saw the deceas	(this hospital) attended t	y after death. 19 8 7, a	nd that in my (our) apinion	n death occurred on the do	19, the (i) (we) la the and hour and from the causes stated
	22d. PHYSICIAN S.N.	John	mo + v	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAR	FF) whiles

230 NAME OF CEMETERY OR CREMATORY

May 20,1983 St.John's Epis.Ch.Cem. Beltsville

113d. INSIDE CITY LIMITS?

13e STREET ADDRESS

2b. HOUR

Zip Code - 21787

P.G.

Maryland

11:30A ..

IF UNDER 24 HRS

DHMH - 16 50M 1/BI (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

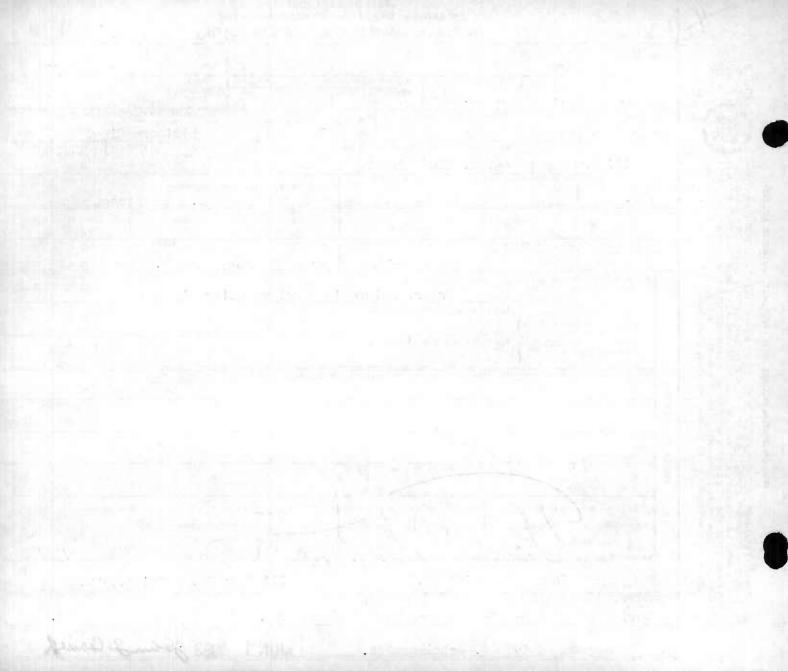
24 FUNERAL DIRECTOR

Burial

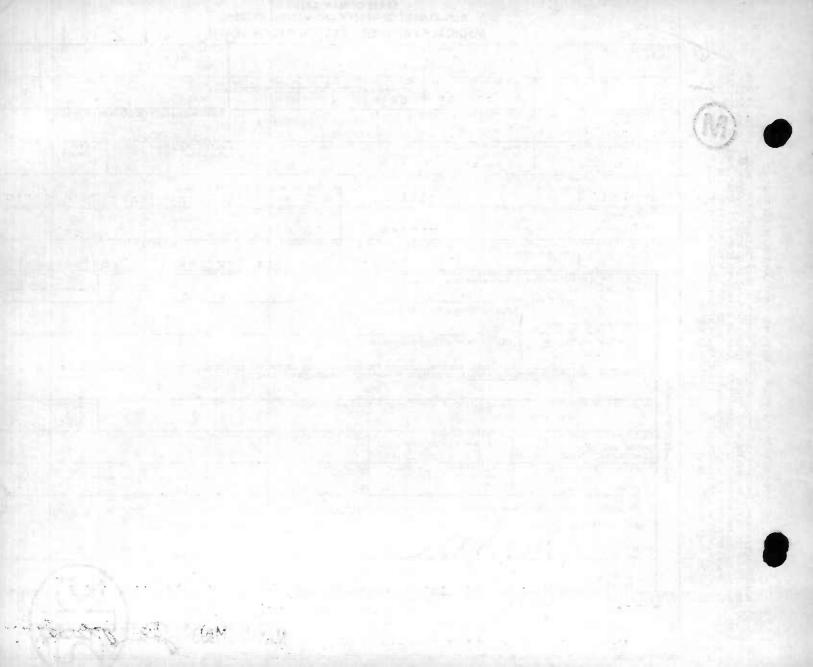
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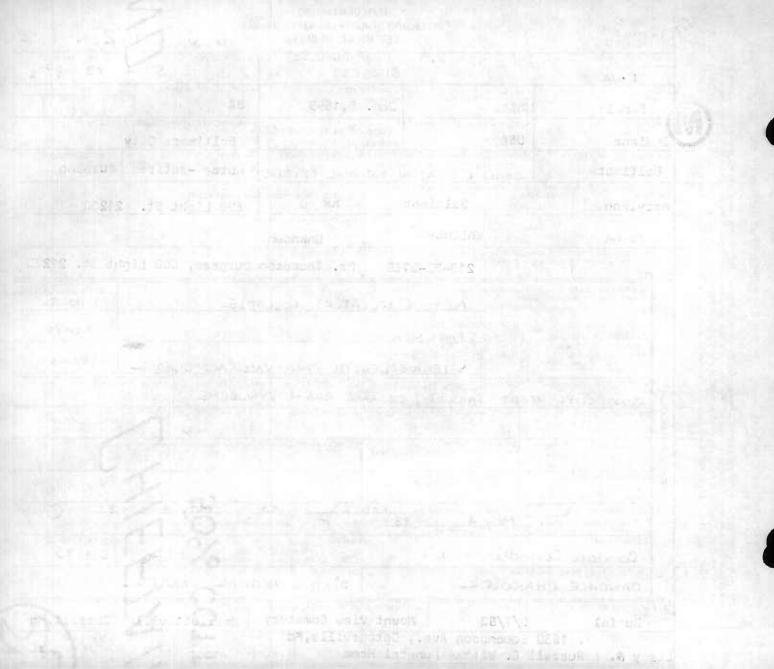
P. Gaschia Sons C.H. T.A. Myntheville, Durwland MACES 1983 Advantage

20M 4/82



20M 4/82



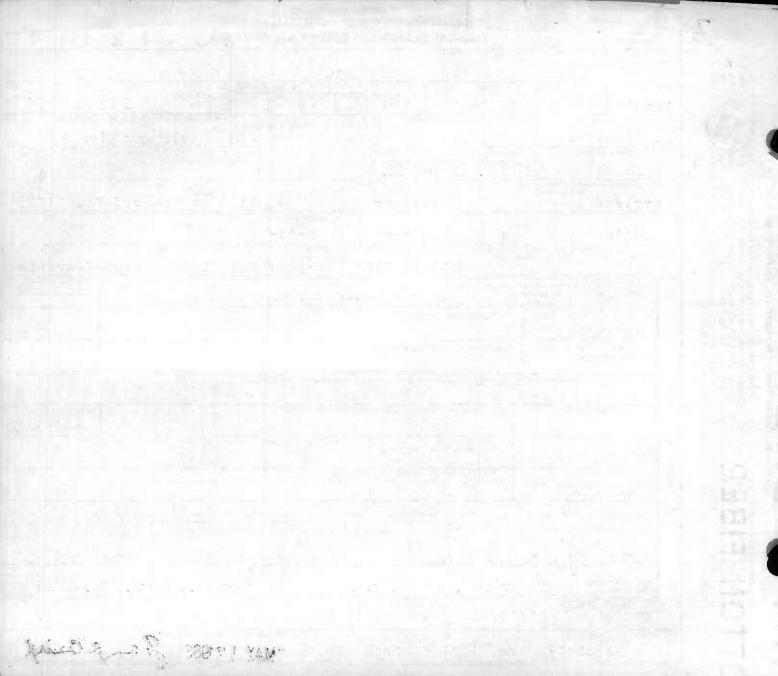


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3

- STATE

REGISTRAR



- STATE

REGISTRAR L DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

126. KIND OR BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 21217 LaFayette LAST 1702 W. Lafayette Avenue hours years 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 3, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CHY Randallstown PUNITY STAMO Wm CMMarch F/H Inc. 1101 E North Avenue

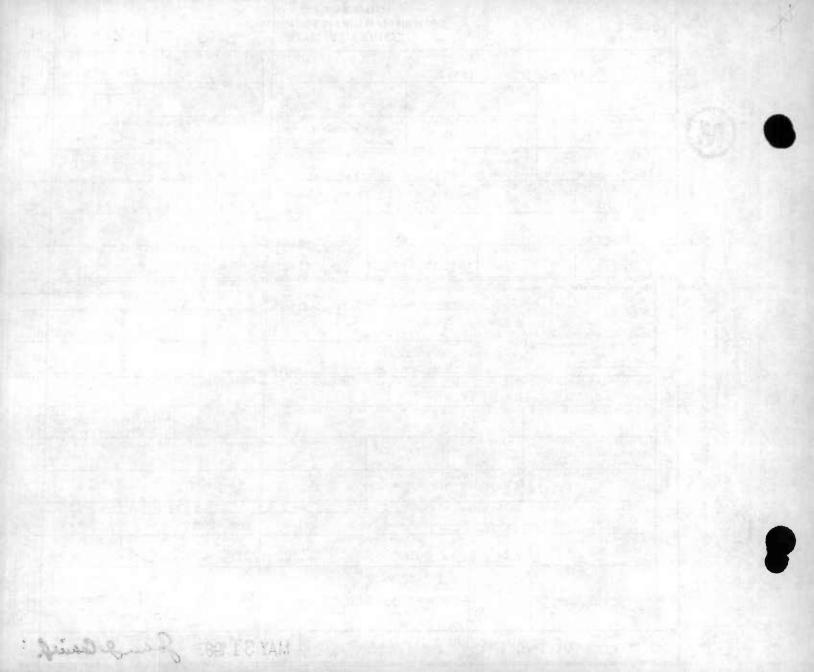
MONTH

2b. HOUR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST



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Signal Company of the Strip			
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of with the State Dept of Health and Mental Hygiene prior to buriot, cremotion, or removal. MPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical examiner awas be notified at once.

T	ATE	OF	MARY	LAND	

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RT	FICATE	OF	DEATH	

SREG. NO.	e-mer-a	2	es.	7-00	-
 TREG. 140.	_	-		_	

1		REGISTRAR			CERTIF	ICATE OF DEATH	8 SREG. NO.	1 2	et a	10	
	1. DE	CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR	
		URIF	7.5		BU	RLEY	0:	5 17	83		М
	3 SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY		DER 1 YEAR	IF UNDER 24 HR	
		MALE	NE	GRO	0	9 17 1898	84	YRS.	HS DAYS	HOURS MIN	
-		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR CO		DEATH		_
55		Md.	U.	S.A.	WIDOWE		BALTO, Ci	TV			AD.
	10. CI	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPATION	11	2b. KIND OF	BUSINESS	_
20		BALTO.	1101	M FACILITY, GIVE STREET A	AL	VERT ST.	(TYPE OF WORK FOR MOST OF WO	ET.	NDUSTRY		
-	13a. S	AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		212	02	
2		ma.		BALT	0.	YES NO	1101 N. CA.	LVER	T ST		
2	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	E. B	LAST		
100		John	1139	BURL	EY	AL mond	NELA	W	11.	IAM	5
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS				
		No		212-22-	1284	mrs. LeiLA	BuRley-1	101 N	CAL	VERT :	57
		18 CAUSE OF DEATH (Enter on		line for (a), (b), and	Ic' in	1 1	21. 6	, L	APPROXIM	NATE INTERVAL	=
		PART I. DEATH WAS CAUSE	E CAUSE (a)	acuti	In	10 cardent	monch	27	10	Ray	
		4100	DUE TO, OF	R AS A CONSEQUE	NCE OF	10	, ()				_
		Conditions, if any, which	(b)_	acter	nol	whee Card	is CAX Une	ine	150	penis	
		gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF			0.00	J		_
		underlying couse lost.	(c)								
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE, TERM	INAL DISEASE OF CONDITIO	ON GIVEN IN	V PART 1(o		=
	NO		ru/m	onelly		Emphy.	SUMIS				
2	CATI	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	PERATIO	WAS PERFORMED		IF YES, WE			_
1	CERTIFIC						YES NO	CERTIFYING YES []	CAUSES	NO [
0	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1	OR PART 2)	4	
1	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH 1100K A./		19						
	MEDI	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	nu Fra	21f. LOCATION	CITY OR TOWN		OUNTY		_
	2	AT WORK AT WORK	(AT HOME, STR	EET, PACIORY, OFFICE, PA	RM, ETC.J	SINE	CITORIOWN	C	. 7	STATE	
	96	22a.1 certify that (1) (this hospit	ol) attended the	deceased from	196	7 19	10 May 17	19_/	19/2	not (I) (we) lo	st
13		saw the deceased alive on above. It (we) (did) (did not	view the hody		<u>5</u> , on	d that in (my) (gor) opinion d	death accurred on the date o	nd hour ond			
		TH SIGNATURE	//	1		DEGREE			72 DATES	IGNED	_
		/ thrian /	Mes	Com		ATTENDING PHYSICIAN	MEDICAL STAFF		5/19	115	
1		22d PHYSICIAN'S NAME (TYPE OR	PRINT)	22./11		22e ADDRESS			1,0	115	_
1		BENJAMIN	BER	DANN		606	HAMMEN	1)	LA	NE	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION				=
	(5	SPECIFY) R	15-20	- 83 1	1 1	United Co	CHY OR TOWN	LOUN	TY \	STATE	

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

BURIAL 5-20-83 GLEN HAVEN CEMEN (3-12) BURNE

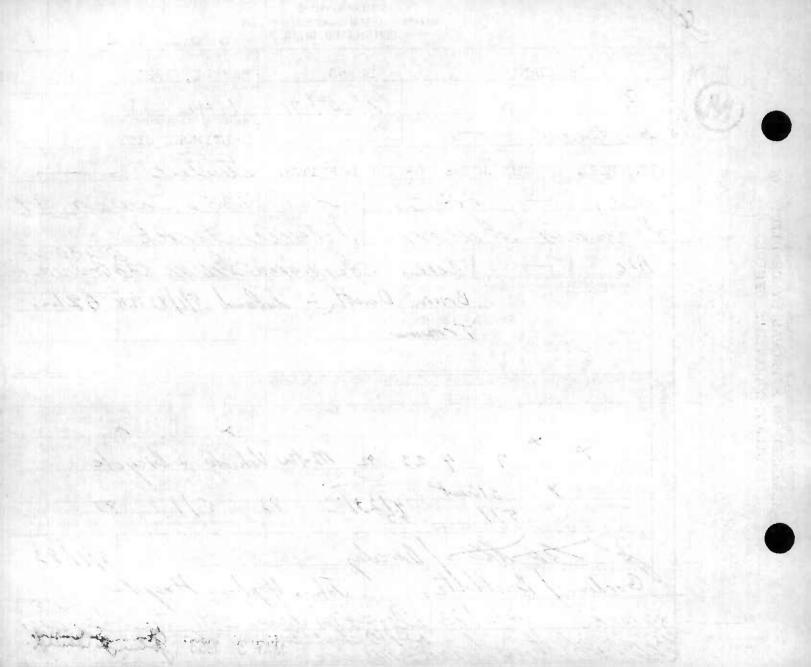
14. FUNERAL DIRECTOR

REDD FUNERAL HOME - 5209 YORK Rd. MAY 23 1983

MAY 2 3 1983

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2s DATE OF DEATH WON'TH 7h HOUR LEADE ON MEINTS BENJAMIN BURNS 1983 4. RACE 3. SEX 5 DATE OF BIRTH & AGE IM YEARS LAST BWINDAY STUNDER LYEAR of UNDER DAMES WE AR Ja-BIRTHPLACE INTATE OF POPLION 7h CITIZEN OF WHAT COUNTRY? A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12st USWAL OCCUPATION 17h KIND OF BUSINESS OR IBNOT IN SUCH FACILITY, GIVE STREET ADDRESS). THE TOK WOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL ludes USUAL RESIDENCE OF NURSES HOWER OTHER NATIONAL CAR RESIDENCE BETOR ADMINISTRA In STATE BLEOUNTY DE INSIDE CITY LIMITS? YES NO ! DIXON E FATHER'S NAME IS MOTHER'S MAIDEN NAME MEDDLE WAS DECLASED EVER IN U.S. ARMED FORCES? I SOCIAL SECURITY NO 17. INFORMANT A CHENOWIN I SE YES GOVE WAR OR DIATEST 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) a PART I DEATH WAS CAUSED BY BY IMMEDIATE CAUSE (o DUE TO: OR AS A CONSEQUENCE OF APPROVAL rHuma Conditions, if any, which gave rise to immediate couse in stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 NO THE DATE OF OPERATION 196: CONDITION FOR WHICH OPERATION WAS PERFORMED 20e. AUTOPSYT 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO IT RELEASED 214 ACCIDENT WAS UNDERLYING 54 21h TIME OF INJURY 71c HOW INJURY OCCURRED CONTER NATURE OF BIDGET IN ITEM, 18. PART / CIR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF BITHER NOTH PARTICAL EXAMPLES 71d. INJURY OCCURRED III LOCATION THE PLACE OF INTURY CITY OF TOWN COUNTY STATE AT HOME STREET PACTORS OFFICE TARM. ETC.) WHILE [] THEST WHYSE 170.1 certify that (1) (this baspital) attended the deceased from saw the decrased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death DEGREE THE DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (IVE OF PER ADDRES 13e. BUBIAL, CREMATION, REMOVAL 73b. DATE 731 MAME OF CEMETERY OR CREMATORY **ELINEBAL DIRECTOR** DHMH-16 30M 2/80 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST FIRST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 2 83 DNA BURNS 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 905 SUAMS. BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE I STATE OR FORFIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY TIMORE WIDOWER DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! JIN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DEFORE ADMISSION 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE RNEST 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Glen Burnie ADDRESS 166 SOCIAL SECURITY NO. Md. Doris H. Fant 137 N. Meadow Rd. 0 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION

90 DATE OF OPERATION 2 b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFYING CAUSES OF DEATH? YES NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this haspital) attended the deceased from 30 APRIL MAY sow the deceased alive an above, (1) (we) (did) (did not) view the body ofter death. 83 and that in (my) (aur) opinian death accurred an the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR T PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

21225

ORN 234 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL Baltimore, Maryland Burial Loudon Park Cem

Balto. Md. 24 FUNERAL DIRECTOR

NOT WHILE AT WORK

George J. Gonce 4001 Ritchie Hgwy.

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL

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	1 05	REGISTRAR CEASED NAME FIRST		WIDDLE	CEKITFI	CATE OF DEATH	REG. NO		EAR 26 HOUR
e 4 3		E OR PRINT)	277	1.1					
noy be	3. SE	Carr	4. RACE	0.	5. DATE O	RRUSS	6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24
rector, ors. offe	2	LALE	WHI	TZ	OCT	29 1916	66	YRS.	DAYS HOURS
TOP		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.	WHAT COUNTRY?	MARRIED	NEVER MARRIED DIVORCED	4 7 7 1	_	тн
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within pletely ad 2 s	2 17 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	0	LAST
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Poges	2 160		RMED FORCES?		605	FAMILY	RECORDS		
ficate be physician popers. F noval.		18 CAUSE OF DEATH (Enter of				FAILITA	N2COKD_		APPROXIMATE INTERVIWEEN ONSET AND D
uires that iigned by en please o burial, cr	z	underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	OR AS A CONSEQUE		OT RELATED TO THE TER	rminal disease or coni	DITION GIVEN IN PA	ART 110
been si been si prior to ony inju	CERTIFICATION	19a. DATE OF OPERATION	TIGH CONF	Intra ab		al abscesses	Bronchops	20b. IF YES, WERE F	INDINGS LISED
- 5 0 0 5	년 일	THE DATE OF OPERATION	170 CONE	SHOW TOR WHICH	J. EKATION	WAS FERI ORMED		IN CERTIFYING CA	AUSES OF DEATH
	HE	21g. ACCIDENT WAS UNDERLYING	21h TIME (OF INJURY	-	21¢ HOW INJURY OCCI	JRRED (ENTER NATURE OF INJUI	YES THE PART LORDE	NO [
TAN: T physici fificote il-tronsi ol Hygi m 18 sh		OR CONTRIBUTING CAUSE OF D	CAIN	A.M. MONTH DA			(Enternal of the		
HYSICIA nding pl his certif burial-t I Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		P.M. OF INJURY	19	211 LOCATION			
the the ced	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE, FA	RM_ETC }	STREET	CITY OR TO	WN COUN	NIA 214
		22a.1 certify that 20) (this has			Apri		83 , to May 2.	, , ,	25.
Pit Pit		sow the deceased alive of above, **I **I ** I ** I ** I ** I ** I ** I	May	y ofter death.	3. , one	I that in (my) (our) opinion	on death occurred on the de	te and hour and fro	m the couses stat
the harmonia by the harmonia by the harmonia by the here.	15	22b. SIGNATURE	L Rid		n	EGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	5.23
- 0 10 0 5		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	U DIKECTOR PHYSIC	TAIME	
FU FU	1	Charles		ey, M.D.		c/o Maryl	and General H	Hospital	
5 % 5 % X		BURIAL, CREMATION, REMOVA			AME OF CE	METERY OR CREMATOR	23d LOCATION	COUNTY	
BP_3	B	URIAL	MAY:	25.1983 Lo	2000	PARK LIS	7. BALTIM		JARYLA.
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR		1		25a D	ATE REC'D. BY REGISTRAR	256 GISTRAR'S SI	
(VRA 15, 4)	5	VANS CHAPILO	OF CHIC	755 2325	YORK	ROAD M	AY 3 1 1983	John &	- Cabrely

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	ninomiannel-monti. Lei	ARROCKIONA ADROCKER		
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	and Cameral Hospital	p. c/o Turul	engles J. Helich	
	and Communi Hospital	0,0 % 0 0	nerview L. Midden, S.	

Wm CameMarch F/H Inc. 110 PODRES North Ave.

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEG. NO

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

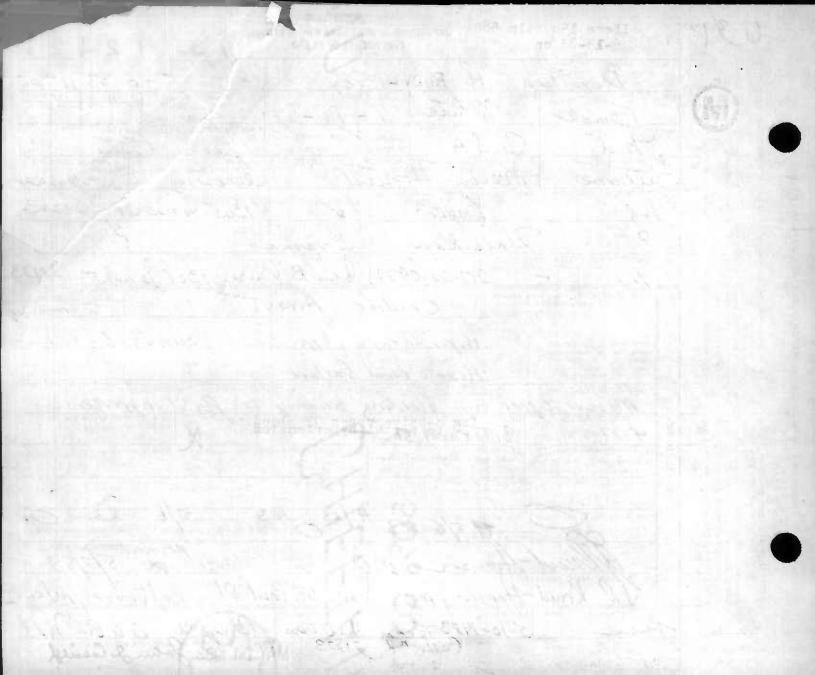
Md.

COUNTY

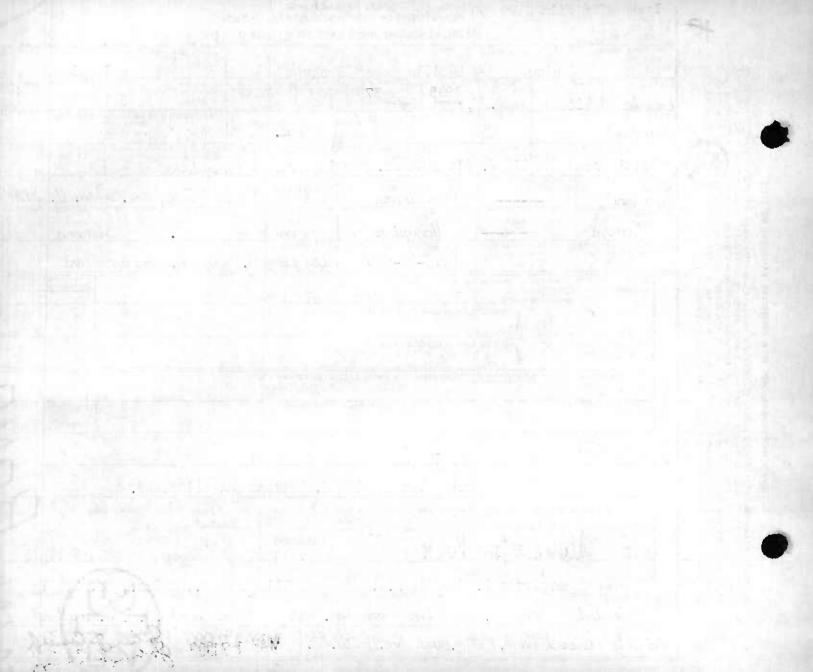
250. DATE REC'D. BY REGISTRAR 256. REQUITRAR'S SIGNATURE

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	634	1.	FOR Items 19b I	Film 580		STATE OF MARYLAND IT OF HEALTH AND MENT ERTIFICATE OF DEAT		8.3	124	2
	, pe	I. DE	CEASED NAME FIRST OR PRINTI PORO The	a 1+	BURY	-Frey	8	OF DEATH MONTH	DAY YEAR 26	HOUR
	Poge 4 mo	7a. B	Somale STANCE TOMON	A RACE ALL 76. CITIZEN OF WHAT	ite	DATE OF BIRTH	27	YES YES	MONTHS DAYS HO	UNDER 24 HRS OURS MIN.
	ter deoth.	200.3	TY OR TOWN OF DEATH	TI. MAME OF HOSPIT	- W	MARRIED P NEVER MARRI VIDOWED DIVORC	ED 120 USU	DEPES . (Cietas OF B	MD.
11201	in by the	USU	ATRESIDENCE (IF NURSING HOME OR	OTHER MOTEUTON GIVE	IDENCE MEORE AND	gelef	le	VORK FORMAST OF WORKING	TOUSTRY	rusch
LAND	hin 24 h		THER'S NAME	Ba	OKO TOWN	YES NO	0 130	S James	St. 1	1223
, MAR	complete and 2		PIRST	Habers	Bam	FIRST	ma	Modul	? LAST	
BALTIMORE, MARYLAND 2120	be execu		VAS DECEASED EVER IN U.S. AR. (15, NO OR UNKNOWN) (1F YES GIV	MED FORCES? 166 SC E WAR OR DAYES)	22-09	72 John L	3. Bure	1 1305 A	emes St.	21,23
	g physici on poper emovol.		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE (MMEDIAT	ly one couse per line fo D BY: E CAUSE (o)		drac Ar	rest		APPROXIMA BETWEEN ONS	menutes
W. PRESTON ST	deoth ce ottendin ove corb otion, or r		Conditions, if ony, which	DUE TO, OR AS, A	CONSEQUENCE		culcemi	a acrdos	3 6-1	2 hours
201 W. PI	s that the ed by the slease remind, cremind.		couse (o), stating the underlying couse lost.		pato 1	enal tailur	· C.		?	
DRDS, 20	equire in signi r to bu injury,	LION	PART 2. OTHER SIGNIFICANT OF	per GI	bleso	ding second	my To	Portal H.	yperten.	sim
DIVISION OF VITAL RECORDS,	The low recion. The hos been sist permit. Glene prio	CERTIFICATION	4-27-83	Porto E	LO DA	nta perte nuni	Bleed Any	NON		S USED F DEATH? NO
OF VIT	SICIAN: T ng physicia certhicote riol-tronsi tentol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	OCCURRED (ENTER	NATURE OF INJUNY IN ITEM 1	8. PART 1 OR PART 2}	
VISION	G PHYS offendin er this c s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC		ETC.) 21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
٥	TENDIN oitol or to TOR: Aft or use oil of Health		22a.1 certify that (1 this hospit	1 115 0	-11 01	3, and that in (my (our)	23, to_	5/6		of (I) (we) lost
	IL OR ATTE the hospito IL DIRECTO etoched for re Dept. of b		22b. SIGNATURE	t) view the body after d	eoth.	DEGREE ATTEN	DING MEDICA	AL STAFF OR PHYSICIAN	S/7/	NED
	O HOSPITA etoined by TO FUNERA should be di with the Sto		22d. PHYSICIAY'S NAME (TYPE O	-Hansen	MD	220. ADDRESS 301 S7.	- Paul &	Pl Rol	timore	mleizas
	TO HO Thought	23a E	URIAL, CREMATION, REMOVAL			ME OF CEMETERY OR CREMY	ATORY 23d LC	OCATION ETTY OR TOWN	COUNTY R	STATE
	DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FI	INERAL DIRECTOR	W. 9101	Back h	-d J1223	250 DATE REC'D. B	TY REGISTRARRY REG	ISTRARS SIC ATUR	if .
		1	I OIL STRATE JOI	VL.	TWILL	12 / 1				



	Items #5&6 Film	G579 5/18/83 THE	STATE OF MA	RYLAND AND MENTAL HYG	IFNE		
10-	STATE REGISTRAR	MEDICAL EXA		RTIFICATE OF D		1 2 4 2	9
	ECEASED NAME FIRST	WIDDLE	LA	sř	20. DATE KNOWN D	MONTH DAY YEAR	26. HOUR
	Janice		Bu	ısky	DEATH MATED	5/15/839	N
	emale White	Sept. 27, 1940	GE (IN YEARS IF UNDI		PRONOUNCED DEAD	5/15/83 ₁₉	711:55 A M
5 m	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	WIDOWED		Baltimore		MD
PC	Baltimore		St. Parki		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	E OF WORK 126. KIND OF B OR INDUS	
1730.	STATE 13b. COUNT		re admission) rown 13	d. INSIDE CITY LIMITS? 139	STREET ADDRESS AV	ve.Balto.Md.	21214
THE	FATHER'S NAME FIRST YEORGE -	MIDDLE Hago		S. MOTHER'S MAIDEN N FIRST EVELUN	MIDDLE CO	Simmons	
	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNITOWN) (IF YES, GIVE V	on a		iss Lucy G.	Hagopian, Same		
z	Conditions, if any, which gove rise to immediate cause (a) stoting the <u>underlying couse last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO	UENCE OF		g).		
CATIO	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS	PERFORMED?		20 AUTOPSY	(?
L CERTIFICATION		216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR		NTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)	но 🗌
MEDICAL	CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (AT	HOME 71F LOCA	<u>f Immolatio</u> TION E.Pleasant	n St, Balto, Mo	COUNTY	STATE
	22a I certify that I taak charge	e of the remains described above, had causes Accident	eld on Autopsy , Suicide XX M.D.	Hamicide U TITLE (SPECIFY) ASSISTANT	ndetermined manner .	d in my apinion DATE SIGNED 5/16	/83
2	EXAMINER'S NAME Marga	rita A. Korell,	M.D. AC		nn St., Balto		1
			Haven Mem	Park 9	Len Burnie, A.	A. Co. Maryla	nd
	FUNERAL DIRECTOR	Home. 1999ss Fort	Ave. Balto.	39. 250. DATE REC'I	1 7 1883 256 ALGI	STRAR'S SIGNATURE	el



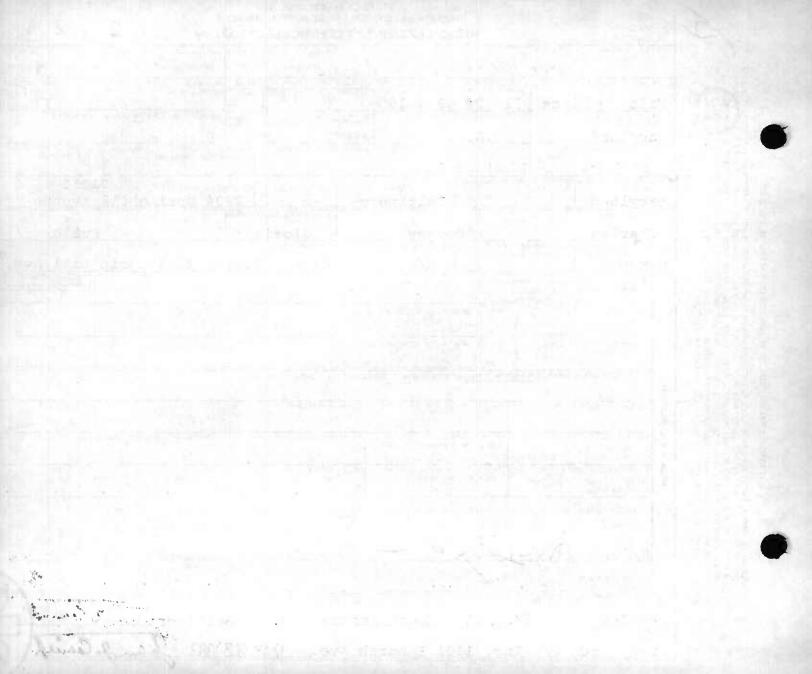
Dundalk, MD.21222

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	11	FOR			DEPART	MENT OF	HEALTH	AND MEN	TAL HYG	IENE		1 0	11	6.0	-1
	1 '-	STATE REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFICA	TE OF D	BATHU	050	10 6	and	La	4-1
	1 06	CEASED NAM	F FIRST		MIDDLE			AST		2 2 4	REG.				To the same
		PE OR PRINT)	E		MIDDLE			LASI		Za. DAI	E KNOWN ESTI-	MON WON	TH DAY	YEAR	26 HOUR
FASE TOR. ILES. LEET,			DWAY	VF.			RU	ITLER			H MATED	0 5	19	19 8	3 4
LEASI TOR TILES DUR	3. SE	Х	4 RACE	5 DATE OF BIRTI	Н	6. AGE (INYE	ARS IF UNI		UNDER 24 H		TE	MONT		YEAR	4 : 15
> Farces	7.5	-1-	Di - ele	MONTH DAY		LAST BIRTHD		S DAYS HO	OURS MIN	PRONC	UNCED	***	4.0	07	1
× CPVI		ale	Black	11 24		19 YF	RS.					y 00 00	19	19.83	la M
SSE ESS		OREIGN COUNTRY)	TAIL OR	78. CITIZEN OF	WHAI COUR	AIRY?	MARRIE	D NEVER	MARRIED 3	T Y. BALL	IMORE CIT	1 OK COL	INIT OF	DEATH	
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SE S	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HO	OSPITAL, NU	RSING HOME	, OR OTHE	R INSTITUTIO		. USUAL OCC	CUPATION	TYPE OF WO	RK 126 KI	IND OF BE	USINESS
DELAY IS TO THE TO THE PAGE No PAGE PILED DS, 201	4	Baltimo	oro	Sinai H						FOR MOST OF Y	VORKING LIFE)		0	R INDUST	RY
D. 21201 IF ANY DELA 2, AND 3 TO 3. RETAIN PR SHOULD BE FAL RECORDS,	USU			OR OTHER INSTITUTION,			ONI						010		
10 ≥9¥50 2	130. 5	STATE	13b. COU			ORTOWN		3d. INSIDE CITY L	IMITS? 13e	STREET ADD	DRESS		212	15	
21201 F AND RETAIL RECOIL	M	arylar	id		Ba.	ltimor	re	YES X	NO D	2804	Sprir	nahil	Ll A	venu	ie
2 - 07	14. F	ATHER'S NAM	E					15 MOTHER'S	MAIDENN						
DEATH DEATH SES 1, AND 2 DEATH OF VITO	9	Charle		MIDDLE	Dona	LAST		FIRST			MIDDLE		D	tler	37.18
9 DOS -0 -			D EVER IN U.S. AI	DIALD CODOLCO	Dors	CIAL SECURIT	VIIO	17. INFORMAN	ria		ADDRI	rcc	Bu	rrer	
BALTIMOR S. GIVES AFTER DE S. GIVES AFTER DE WITH FORM E. PAGES 1 AFTER DIVISION OF	('	YES, NO. OR UNKNO	OWN) (IF YES, GIV	E WAR OR DATES)			1140.								
JRS AF JRS AF WITH T. PAG DIVISI	U	NKNOWN			N,	/A		Glori	a But	tler	2804	Spri	ngh	ill	Ave.
		18 CAUSE C	F DEATH (Enter a	nly ane cause per li	ne lar (a), (b), and (c).)	-						A	PPROXIMAT	E INTERVAL
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG WANSIT PERMIT. AL HYGIENE, DREMOVAL.		PARTIDE	ATH WAS CAUS		Gunsho	t woun	dof b	nead (h	andour	1)			BET	WEEN ONSE	ET AND DEATH
CON ST TEM 1 TEM 1 TEM 1 TEM 1 SIENE, WAL.		9602	SO IMMEDIA	ALL CHOOL (a)		NSEQUENCE (1000 (11)	anagan	17					
W. PRESTON WITHIN 24 FENCIL IN ITE MINER ALON TRANSIT PE SITAL HYGIE OR REMOVA		Condition	ns, if any, which		JK AS A COI	43EQUEINCE (Or								
E SANAS E			se ta immediat		ACT IS										
× × × × × × × × × × × × × × × × × × ×			stating the <u>under</u>	DUE TO, C	OR AS A CON	SEQUENCE (OF								
201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL-TRANS D MENTAL I ON, OR REA		lying car	ise last.	(4)											
IDS, 201 W. PREST WECUTED WITHIN NG" IN PRICLI IN CAL EXAMINER A BURIAL - TRANSIT AND MENTAL HY VATION, OR REMO		PART 2 OTHER S	CHIEFCART CONDITION	S CONTRIBUTING TO OEAT	IN BUT NOT BELL	LTCO TO THE TERM	INAL DIFFERE	OR CONDITION ON	UCAL IN BARR A						
CORDS BE EXECUDING NDING NEDICAL IS A BU ALTH AN	2	TAKE I OTHER S	ONLITCANT CONDITION	CONTRIBUTING TO GEAT	IN BUT NUT KEL	CIEU IU INE IEKM	INAL UISTASE	OK CONDITION GIV	VEN IN PAKE LIG	11.					
	MEDICAL CERTIFICATION														
TAL RI HOULD RD "PE NIEF A USED, OF HE,	1 3	19a. DATE OF	OPERATION	196. CONE	DITION FOR	WHICH OPER	ATION WA	AS PERFORME	D?				20. /	AUTOPSY	?
IVISION OF VITAL R CERTIFICATE SHOUL TING THE WORD "P ED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H I PRIOR TO BURIAL,	Ē	TO STE												YES X	NO 🗆
OF VI	1		AL CAUSE WAS		OF INJURY		21c. HO	W INJURY OC	CURRED (E)	NTER NATURE OF	INJURY IN ITEM	A 18 PART 1 OF			
S SHEPE		UNDERLYING	G X OR	HOUR X	M. MONTH	DAY YEAR									
SAR	5	21d. INJURY	NG CAUSE OF	DEATH 5 3 OP.	M. $5 - 16$	<u> </u>	211. LOC	bject	shot.						
PEEG SE	AEC	WHILE	DCCORRED	STORET FA	ACTORY, FARM, E	(AT HOME,	ST ST	REET		CITY OR	TOWN		COUNTY		STATE
DIVISION OF WER: THIS CERTIFICATE CATE, WRITING THE WOR: PAGE 3 SHOULD THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE OF THE	1	AT WORK	NOT WHILE	K 1	street		2800	blk.	Spring	ahill .	Ave	Balte	o. Ci	ty.	Md.
RWW STA							Autaps			1					
# SCSES		22a. I certi	ty that I taak char	rge al the remains d	escribed abo	ove, held an	Autaps		spection	J, Inqui	ry LJ, _	and in my	apinian		
三		death result	ed fram: Nati	ural causes	Accident	, Su	icide 🔲,	Hamicide	LXI, Ur	ndetermined	manner	١.			
AND WAS TO SEE		1912 544 1247	An	. 0.	M		-	TITLE (SPEC	CIFY)						
AHOMEN'-		SIGNATURE	// IVV	1	XV	_	M.I	. Assis	tant /	MEDICAL EX	AMINER	DA	NED 5	-19-	83
SEA SET		MARKET AND COME		- /											
S S S S S S S S S S S S S S S S S S S	100	EXAMINER'S (TYPE OR PRI		M. Dixon	.M.D.			DD0555 11	1 Penr	st	Balto)., Mo	d. 21	201	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABALTIMORE, MARYLAND, 2	22.0		***					DDKE33		d. LOCATION		-			
F-mg-F-48	. (SPECIFY)	,	23b. DATE				CREMATORY		CITY OR TOWN	4	C	OUNTY	5	TATE
BP		BURIAL		5/24/83	3 M	ount A	Aubur	n Cem		Balt	imore	4		Mo	
DHMH - 17	24. F	UNERAL DIREC	TOR	ADDRE				25a.	DATE REC'E	D. BY REGIST	RAR 25b. R	GISTRAR'	S SIGNAT	URE	-
(VR A15 ME (5))	TAT		rch F/	H Inc. 1		E Nort	th A	76	MAY 2	3 1983	2 17	1.	2. 6	heel	4
20M 4/82	VV.	III C PIC	LCII F/I	11 1110 1	LIOI	TOT I	CII M	v C .	MHI	1 130	1	-un	~ 4		

STATE OF MARYLAND



5-17-83

1721 N. MONROES ST.

FOR - STATE

REGISTRAR

BURIAL

24. FUNERAL DIRECTOR

E. LAME PHILLIPS

BP.

DHMH - 16 60M 1/75

(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ARBUTUS MEM. PK.

REG. NO.

26 HOUR

12b. KIND OF BUSINESS OR

BUTLER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

12 mgs

NO F

STATE

21983

IF UNDER I YEAR

INDUSTRY

21201

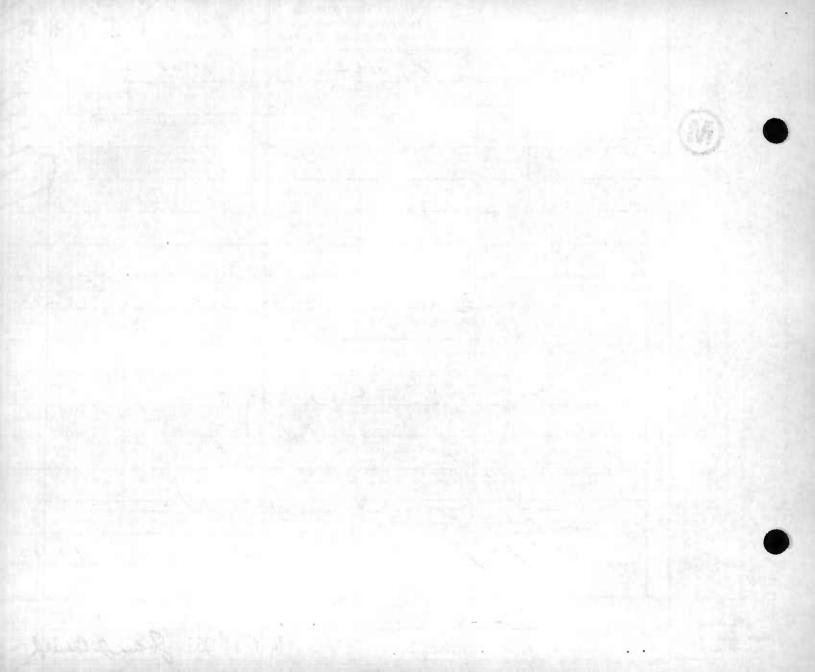
YES [

BALTIMORE

COUNTY

22c. DATE SIGNED

MARYLAND



	FOR STATE REGIST	RAR		DEPART	MENT OF H	EALTH AND MENTAL HY	GIENE 8	S REG. NO.	1	2 4	2 6
	1. DECEASED	Herbert Le		utler, Si		AST				YEAR	26 HOUR
	3 SEX Male		4. RACE White		Jan.		6. AGE (INYEA	RS (AST BIRTHDA			IF UNDER 24 HRS HOURS MIN
5	Maryl		U.S.		MARRIE	D DIVORCED			м		
1	Balti		4328	Evans Ch	napel				ORKING LIFE)		
5	Maryl		OTHER INSTITUTION	Baltimo		13d INSIDE CITY LIMITS? YES X NO		Evans	Char	pel	21211
0	14. FATHER'S	alter But	ler	LAST		the state of the state of the state of		MIDDLE Bar	ham	LAS	SY
	160 WAS DEC	EASED EVER IN U.S. AR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	218 07		Margaret T.	Butler	ADDRESS	San	ne	
	Condit gove couse underl	ions, if ony, which rise to immediate (a), stating the typing couse lost.	D BY: "E CAUSE (o) DUE TO, O (b) DUE TO, O (c) (c)	PARLIM R AS A CONSEQUER AS A CONSEQUE	JENCE OF	20. DATE OF DEATH MONTH DAY YEAR 28. HAVE MAY 5, 1983 DAY YEAR 28. HE DE MAY 5, 1983 DAY YEAR 28. HE DE MAY 1908 DEATH HOLD TO BE AT HE DE MONTHS DAYS HOUR PROBLEM DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY DE COUNTY OF DEATH BALTIMORE CITY DE MONTHS DAYS HOUR CITY DE PROBLEM OF WORKING LIFE 126. KIND OF BUSING THE PART OF WORKING LIFE 126. KIND OF BUSING THE PART OF WORKING LIFE 126. KIND OF BUSING THE PART OF WORKING LIFE 126. KIND OF BUSING THE PART OF PART OF WORKING LIFE 126. KIND OF BUSING THE PART OF P	MATE INTERVAL ONSET AND DEATH				
	PART 2 OTHER SIGNIFICANT CO						20g AUTOP	SY? 201	LIFYES, W	ERE FINDIN	NGS USED
	WHILE AT WORK		P. 21e PLACE (AT HOME, STR	M. MONTH D M. DF INJURY GET, FACTORY, OFFICE,	19 FARM, ETC)	211. LOCATION	RED (ENTERNATU	RE OF INJURY IN		1 OR PART 2}	STATE
22a.l certify that (1) (this haspital) attended the deceased from											that (I) (we) los

should be detoched for use os the buriol-tronsit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur O FUNERAL DIRECTOR IMPORTANT: If Item 21 is Richard Diamond 230. BURIAL, CREMATION, REMOVAL BUFIAL 23h DATE 5/7/83

23c NAME OF CEMETERY OR CREMATORY 2
Lorraine Park Cemetery

22e ADDRESS

DEGREE

23d LOCATION
C'Baltimore, Maryland

Balto. 21211

24 FUNERAL DIRECTOR BURGE Funeral Home 3631 Falls Rd. 21211

Chestnut Avenue

DHMH - 16 50M 1/B1 (VRA 15, 4)



inching i companie () contrut venus elto. 111

urisl 5/7/3 Lorrain ark Destery Maltinos, Arylund

ux co unexel one 3'31 cllo 10. 21211 MAY 6 1483 July Caried

FOR - STATE

STATE OF MARYLAND

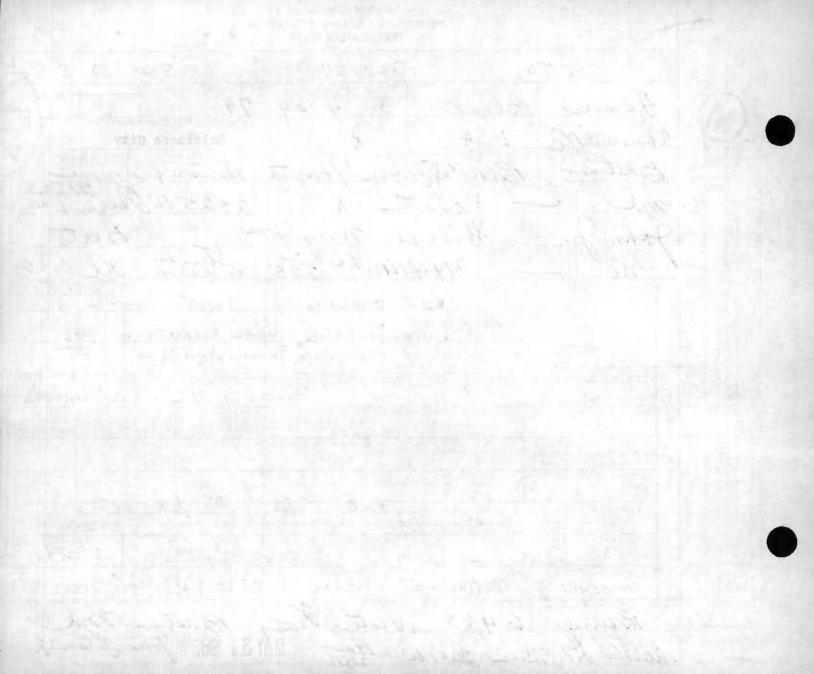
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR				CERTIN	ICAIL OI	PEATIT	REG	, NO.				
1. DECEASED NAM	E FIRST		MIDDLE	(AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	
(TITE ON PRINTI)	JESS1	CA	I.	CA	IN	300 74		05	04	83	5:	10 W
SEX		4. RACE		S. DATE C			6. AGE (IN YEARS LAS	(BIRTHDAY)		ER 1 YEAR		R 24 HRS
FEM	ALE	WHI	TE	02	21	37.		46 YRS	MONTHS	DAYS	HOURS	MIN.
a BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	В	NEVER		9. BALTIMORE CIT	1110		EATH		
MARYLA!	ND	U.S	.A.	WIDOWE		IVORCED	BALTIMO	RE CIT	Y			M
O CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN	IG HOME C		-	120 USUAL OCCUP			KINDO	F BUSIN	
BALTIM	ORE		T. AGNES		TAL		NURSING			HOSP	ITAL	
JSUAL RESIDENC	(IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	* 124 (NICIPE (CITY HANTES	LA CYPERY LODGE					
MARYLAN		TIMORE	CATONSV		13d. INSIDE (NO K	13e. STREET ADDRES		NGS	COLIR	т 2	1122
14. FATHER'S NAM				T 131314	15. MOTHER	S MAIDEN NAM	ΛE		TICD .			.144
WALT	ZR	H.	MEYERS		1	MARY	F.		T.	IEDL		
160 WAS DECEASE	DEVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17. INFORMA			DRESS			1228	
NO OR UNKN	OWN) (IF YES, GI	VE WAR OR DATES)	218-32-	/1835	TOSE	PH R. CA	ATN 5 CAI	LVIN S	PR TN			
	E DEATH (Fator o		r line for (a), (b), an		0000	211 10, 01	7 7 011	77111 0		APPROXI		
PART 2. OTH	stating the cause last. IER SIGNIFICANT OPERATION	(c) CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	V5		INAL DISEASE OR CO		GIVEN IN			- D
THE	OT ENVIRON	17.0.00110	THO I VI OK WITHOUT	OI EKANO		JKMED .	YES NO	IN CER	YES -			TH?
00 000 120 1011	WAS UNDERLYING			AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 1	B PART I OF	PART 2)		
5 (IF EITHER, NO	TIFY MEDICAL EXAMINE	P. P.	M.	19			- 5					
OR CONTRIBUTE			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATI	ON	CITY O	RTOWN	cc	YTHUC		STATE
AT WORK	AT WORL									2 >		
	that (I) (this hasp		4 . (1.5)	83. 0	~ <u>~</u>	19	, ta		. 19_		that (I) (,
	deceased alive and the did not be	at) view the bady	after death.	, 47		(aur) apinion o	leath accurred an the	date and h				
234. SIGNAT	Me de de	noku	ueD.	M	DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	1 22	C. DATE	SIGNED	-4
THE PHYSICS	AN'S NAME ITHE	DEPRINE A			22e ADDRES		1	/			,	
1610	APAO 1	. MA	CHADO	mo	S+ X	19Nes	HUSDILL	14 6	Bell.	n	1d	2/2.
	ATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR	EREMATORY	23d. LOGATION					
BURIAL		05-07	-83	LORRA	INE PA	RK	WOODLAW		TIMO		MARY	LAN
24. FUNERAL DIRE			ADDRESS	771	21229	0.00	REC'S. BY REGISTR	AR 256. RES	STRAR'S	SIGNAT	URE .	
HUBBARD	FUNERAL	HOME, I	NC. 4107	WILKE	NS AVE	. M/	41 0 198	3 /6	Con	Charles !	Shall	ell

DHMH - 16 50M 4/82 (VRA 15, 4)

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#EDAVID					
	i.l. die	,			
			per la		
	Vann.	Section of Market			



FOR

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH Baltimere City 12h. KIND OF BUSINESS OR INDUSTRY Paine Street 21211 Craig Mrs. Leona Canapp 3337 Paine Street 21211 Yema PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Beckleysville Burial St. Abraham's Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 25M A. Alan Seitz, Jr. 3818 Roland Avenue 21211 (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

8

83

IF UNDER 1 YEAR

MONTHS DAYS

2h HOUR

UNDER 24 HRS

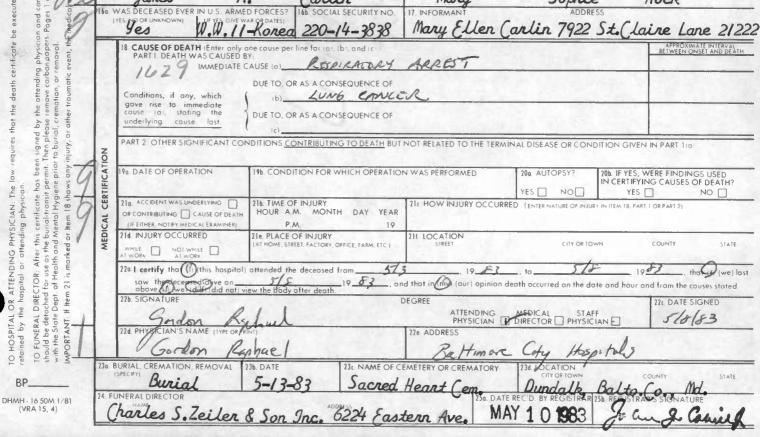
5 8 83	Canapy Sr.	Clarence R.		
69	9 13 14	White	ale	
Baltimore City	x	USA	Parylanc	
etired	Street 21211	3337 Paine	Baltimore	
337 Paine Street 21211	timore x 3	1.5	Mary land	
Craig	aggie cos	esley Can	.Tohn.	
app 3337 Paine Street 21211	ol-9467A Mrs. Leona Can	W II 217-	Tes	

5/11/3 St. Accadem's Cem. Feckleysville aryland

A. Alan Seitz, Jr. 3818 Roland Avenue 21211

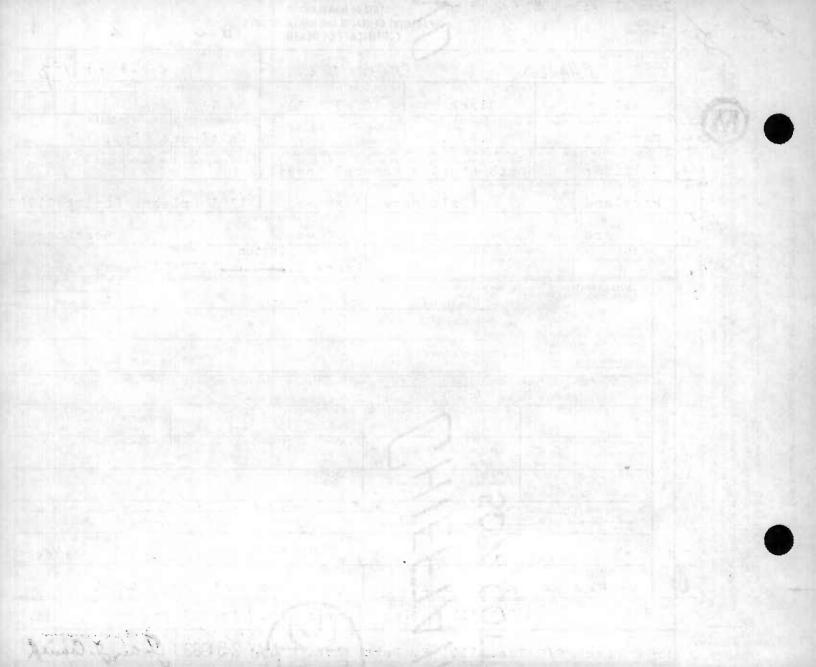
Burial

出	1.	FOR - STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8 S		2 4	3 0
		CEASED NAME FIRST	7	AIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	(118	CHARLES Joseph			CA	ARLIN	05883 712			
	3. SE	X	4 RACE	0.013420	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
14.61	1	Male	Whit	e	3 MONTH	20 26	57	YRS.	NIHS DAYS	HOURS MIN.
Z	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		8	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
2	Sp	parrows Pt., Md.	4.5.	A.	WIDOWE		Baltimo	re (ity		MD.
21	10. C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPAT			BUSINESS OR
1		Baltimore	Balt	Batimore (ity Hospitals			Retired		U.S. Post Office	
3	130	AL RESIDENCE (IF NURS) IG HOMES STATE 36 COL Caryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Dundal		13d INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS	laire	Lane 2	1222
h	14. FATHER'S NAME		WIDDIE	DDVE		15. MOTHER'S MAIDEN NA	ME			
2		James	A.	Carlin		Mary	Sophie	2	Hock	
0	160 V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		Le gran
7		YES UP OR UNKNOWN) WIF YES G	11-Korea	220-14-	3838	Mary Ellen (arlin 7922	Sto (La	ire La	ne 21222
		102.1	ED BY: TE CAUSE (a)	RESPIRATE AS A CONSEQUE	NCE OF	ARREST				AATÉ INTÉRVAL NSÉT AND DÉATH
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) LUNG CANCER. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
9	RTIFICA	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPER 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY							VERE FINDING NG CAUSES (
9	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR			RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)	
/	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify the (1) (this hasp saw the deceased dive of above (1) we wait did no	5/5	19 8	57, or	3 19 19 19 19 nd that in (aur) opinian	death occurred on the do	, 19 ste and haur a	nd from the co	(we) lost



0.00 Tale to the state of the state william a city of the control of the Sections Said and Second Section of the Section of yours that the Carlin of Face foote flock Fee W. 1.1- anea 230-11-7 25 Tone Floor (actin 7922). , sine Lora 27222 (untel [-/-2] Twelve 5. letter 5 for the 1224 January 199, WAY 1 D State The Little Little

1	It	em #17 Film G5	80 6/2/83 rc	STAT	E OF MARYLAND					
8 X	1	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 3	12	431		
be 3;		CEASED NAME FIRST MIDDLE LAST FOR PRINT) CHARLES CARPENTER				20. DATE OF DEATH MONTH DAY YEAR 150. HOUR				
4 may	3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DA			
000000		Male	Black	nont 1		71	YRS.			
# 1X1 336	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Iaryland	76. CITIZEN OF WHAT COUNTRY	MARRIE		Baltimor		MD.		
by the fa		altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Charles General Hospita		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		ID OF BUSINESS OR TRY			
hin 24 hours should be should be considered.	130.	AL RESIDENCE (IF NURSING HOME (STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 130. CITY OR TOV Baltim	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1101 Or1	eans Str	eet 21202		
ompletely ond 2 sh	14. F	ATHER'S NAME Robert	MIDDLE Carpe	nter	15. MOTHER'S MAIDEN NA Eirst Emma	ME	Sca	arborough		
in and co		WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. C	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) N /		17. INFORMANT Sut Laura J. Su	ton ADDRE		Road		
ING PHYSICIAN; The law requires that the death certificate be executed within 24 hours or attending physician. The big service has been signed by the attending physician and completely filled in by so the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filled in and Mental Hygiene prior to burial, cremation, or removal. The priories of the prior	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO LIPE CONDITION FOR WHICH	DENCE OF DEATH BUT	Hyperten		DITION GIVEN IN PART	T No.		
SICIAN: The lang physician. certificate has trial-transit perrental Hygiene ptern 18 shows o	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSE YES TO STEEM 18 PART I OR PART	NO 🗆		
ING PHYSICIAN: The Is a cottending physician. Where this certificate has as the burial-transit per th and Mental Hygiene arked or Item 18 shows		(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ALM III	19	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE		
IL OR ATTEND the haspital at IL DIRECTOR: A etached far use to Dept. af Heal			pital) oftended the deceased from 192 and 192 and 192 across the body after death 192 across to PRINTE	5, 83,0	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAF	ate and hour and from	the couses stated ATE SIGNED		
TO HOSPITAL retained by t TO FUNERAL should be def with the State	22.	YENERANDA	- G. BARNET		HORTH CH	AZZET GE	N. HOSP.			
BP		BURIAL, CREMATION, REMOVA BURILAL	23b DATE 5/27/83 X	ing l	emetery or crematory Memorial Pk		stown	Mate.		
DHMH - 16 50M 4/82 (VRA 15, 4)	WI	uneral director n C March F/I	H Inc. 1101 E.	Nor	th Ave.	AY 25 1983	John John J.	Court		



PER AUTHOR PROTECTION WAY DENSITY FEWALE WHITE 8 20/18 1/4 DIAMET THEM WAS ENCETHABLE () KINDER CLEDISTS (CENTRAL) राज्य मुक्रीय हर मुक्रीय स्थित BEN ALL TAN THE SECOND SECOND THE SALES BEZNEAKUS P EMIZALES TESO W. FRUETTE BALLTIMOXE NEW Seffex Brigary Server destroit & May

			STATE OF	MARYLAND				
1-	FOR STATE			H AND MENTAL F	1	1 0	, 2	2
	REGISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE C	OF DEATHS RE	G. NO.	(A) (A)	3
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE KNOW OF ESTI		DAY YEAR	2b. HOUF
1111	ALBERT		C	ARTER	DEATH MATE	DX	1 19 0 7	
3. SE)		5. DATE OF BIRTH	6. AGE (IN YEARS IF L	UNDER 1 YR. IF UNDER		MONTH	1 19 83 DAY YEAR	
M	MELE BOLACK	FEB 2. 1921	LAST BIRTHDAY) MON	NTHS DAYS HOURS	MIN PRONOUNCED DEAD	5	1 1983	10:0
	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COU	JTDV2 8	RIED NEVER MARR	9. BALTIMORE C	ITY OR COUNTY		, Q /
1	TONSVILLE MO	U.S.A.		WED DIVORCE		re City		1AA
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NL	RSING HOME, OR OT	THER INSTITUTION	120 USUAL OCCUPATION	Y (TYPE OF WORK 12	26 KIND OF B	
	Baltimore	2320 Whitt	ier \$4\6		RETIED	2)	OK IIADUSI	IKI
USU/	L RESIDENCE (IF IN NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	T3d. INSIDE CITY LIMITS?				
n	DARYLAND	13 _A	ORTOWN	YES NO [13e. STREET ADDRESS	TIER A	WE ZI	2/7
14. F	THER'S NAME			15. MOTHER'S MAIDE	ENNAME			
1	Nomas Cr	ARTER	LAST	ELLA	PORTOR		LAST	
160 V	VAS DECEASED EVER IN U.S. ARA		CIAL SECURITY NO.	17. INFORMANT	ADD	DRESS		
(1	ES, NO, OR UNKNOWN) (IF YES, GIVE I	VAR OR DATES)		Maschanil	45 2302 Ru	JOININ A	705	
	18 CAUSE OF DEATH (Enter onl	y ane cause per line for (a), (b), and (c).)	7.44.09.77			APPROXIMAT	TE INTERVAL
	PART I DEATH WAS CAUSED	BY: Alcoho					BETWEFN ONSI	ET AND DEATH
	3030	DUE TO, OR AS A COI						
	Conditions, if any, which gave rise to immediate	(b)						
	cause (a) stating the under-	DUE TO, OR AS A COI	NSEQUENCE OF					
	lying cause last.	(6)						
	PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	RT 1 (a).			
NO								
K	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	(?
TEK							YES 🗆	NO [X]
CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c.	HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN I	EM 18 PART + OR PART	2)	
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		19					
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY STREET, FACTORY, FARM, I	(AT HOME, 211 L	OCATION STREET	CAN ON TOU			
Z	WHILE NOT WHILE T	STREET, FACTORY, FARM,	iic.)	JIREE	CITY OR TOWN	COUN	FIT	STATE
	220. I certify that I took charge	of the remains described ab	ave, held an Auto	ppsy , Inspectio				100
		of the remains described ob				and in my opin	NON	
	death resulted fram: Natur	or couses LZI, Accident	, Suicide	, Hamicide	Undetermined manner			
	ACTUAL SIGNATURE	JANA	~	TITLE (SPECIFY)	1 MEDICAL EXAMINER	DATE	5-1-8	3
The state of the s	SKHANIORE	10		M.D. /13313101	MEDICAL EXAMINER	SIGNED	7 1-0	
	EXAMINER'S NAME AND	M. Dixon. M.D		ADDRESS 111 F	enn St., Bal	to. Md.	21201	
23a.B	URIAL, CREMATION, REMOVAL 2				73d LOCATION	, , , , , , ,		
(5	BURIAL	5-6-83 A	NAME OF CEMETERY AT AY BU.	RN CEM	BANTOWN D	COUNTY	Mo	STATE
24 F	INERAL DIRECTOR			25g DATE	REC'D. BY REGISTRAR-1856		GNATURE _	
. /	OSAPH La Rus	I Q ZIZZ UI A	SOFE AND	MAY 4	1983	angle G	shulf	
3/	COAPA ALITORS	0 222 0 /	170 N . 20	50			-	

Bell to a feet to let the state of the s

William C. March F/H 1101 E. North Avenue

FOR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the s The Control of the Co در الرابي على الما الما الما Harry Ellis Carter

FOR

- STATE

IF UNDER 24 HRS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR ORK FORMOST OF WORKING LIFE INDUSTRY SWIDINS ADDRESS same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN COUNTY STATE Burial Cedar Hill Cemetery Brooklyn Md. 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Balto., Md. 21225 FESS George

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

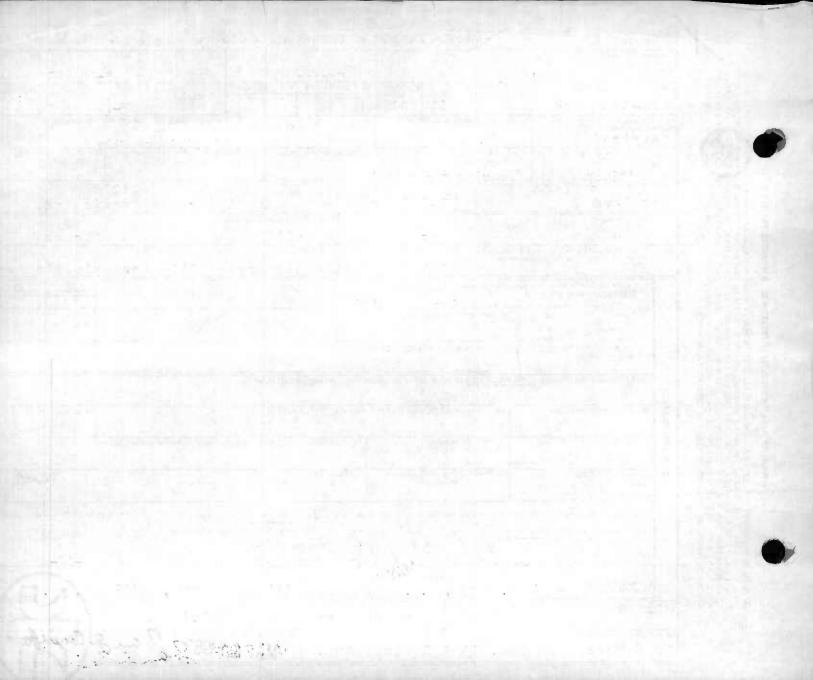
2b. HOUR

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

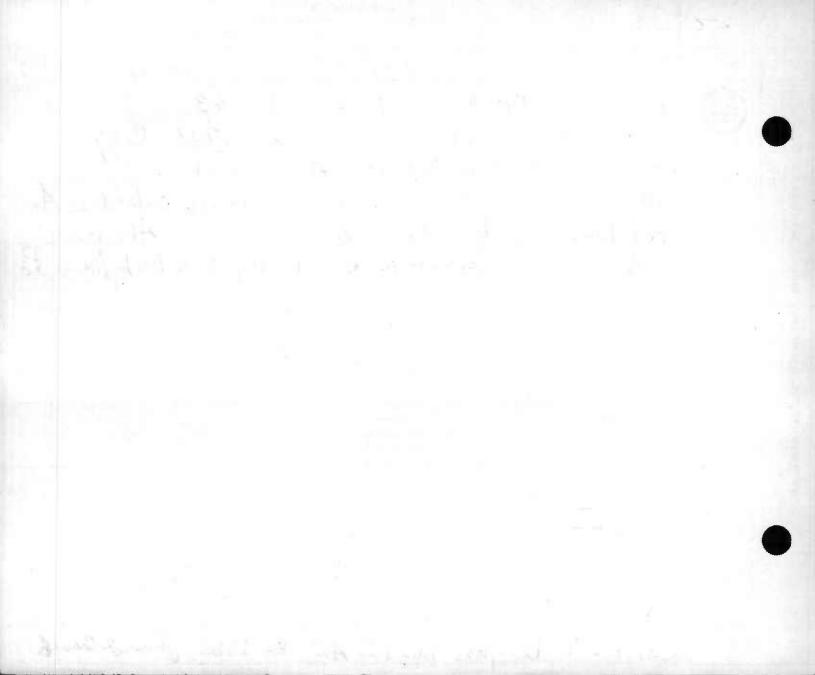
Marie Plin Week The same

20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

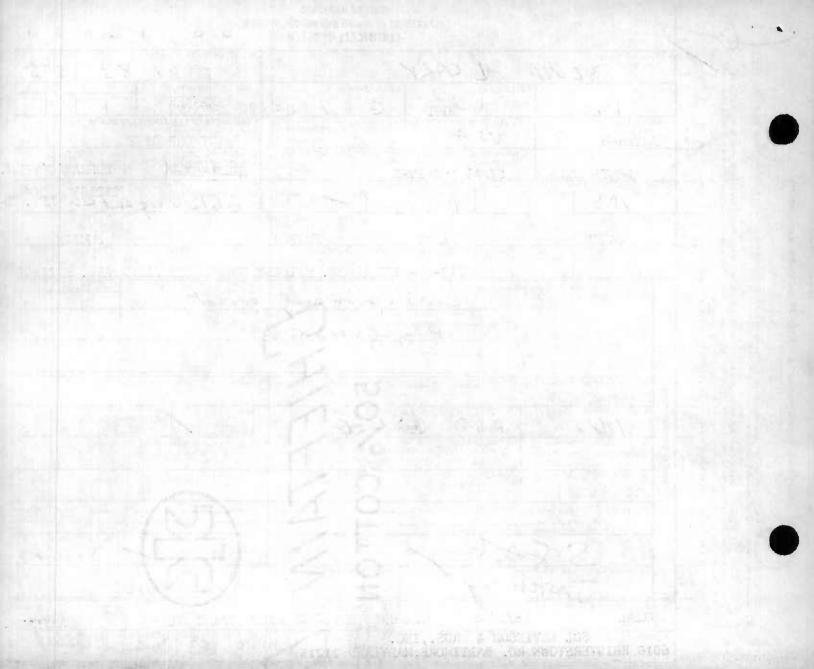


			ST	ATE OF MARYLAND		
5	1.	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYG FIFICATE OF DEATH	IENE 8 3	12437
be see see see see see see see see see s		CEASED NAME FIRST OR PRINT) POSIE	MIDDLE CF	RTER	2ª DATE OF DEATH	5 14 83 8 30 M
M	3 SE	-emale		TE OF BIRTH DAY 1919	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
127	5	Carolina	U.S.H WIDO	RIED NEVER MARRIED WED NORCED	BALTIMORE CITY OF	COUNTY OF DEATH
by the tilled with	1	Saltu.	NAME OF HOSPITAL, NURSING HON (IF NOT IN SUCH FACILITY GRYP) REET ADDRESS)	dere Ave.	120. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF	ON 178 KAD OF BUSINESS OR INDUSTRY
n 24 hau filled in hauld be	130	AL RESIDENCE (IF MURSING HOME OR OT THE 136 COUNTY	HER INSTITUTION, GIVE ŘESIDENCE BEFORE ADMISSI 130 DITY OR TOWN Day	134 INSIDE CITY LIMITS?	3800 W.	Belvedere Ave.
ompletely ompletely ond 2 s	1	THER'S NAME MID PROTECTION OF AND	Kennedy	ANN 12	MIDDLE	Absolom
on and co	160 \	VAS DECEASED EVER IN U.S. ARME (18 YES, GIVE W.	ar or dates) 249-24-317	5 Rosa Dic	key 3836	Derby Manor to
g physici an paper removal event, th	j	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED & IMMEDIATE (espiratory	atrest	BETWEEN GHSET AND DEATH
death ce attendin lave carb stran, ar		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE O	Vascular	diseas	
that the d by the ease rem ol, cremo		couse lost.	DUE TO, OR AS A EDNSEDURINGE O	tension		
en signer Then pl or to burn	NOI		nditions <u>contributing to death</u> 8	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	
The law cran. e has be sit permit grene price have any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ining	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
IYSICIAN: T ding physici s certificate burial-trans Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	216. TIME OF INJURY HOUR A.M. MONTH DAY YE. P.M. 1	9	ED (ENTER NATURE OF INJUR	(IN ITEM 18, PART I OR PART 2)
attending physical attending of the bush on a the bush on arked or	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTENDI spiral or CTOR: A d for use of Heal		22e. I certify that (I) (this haspital saw the deceased alive as above, (I) Lead (deceased)	AP61 1083	ond that in (my) (and opinion of	, to	, 19 , that (I) (we) lost te and hour and from the causes stated
y the horal Carlo State Direct Dept Tale Dept		The Signature O	287:	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
O HOSPITAL etained by the TO FUNERAL I should be deta with the State I MPORTANT: If		OLUSEGUN	LAWOYIN	5101 Gnia	Ave, Ba	40, M) 21215
BP		Burlal	236. DATE 236. NAME O 5-19-83 Mead	ow frong Church	23d. LOCATION CITY OR TOWN	ingham S. arolina
DHMH-16 20M (VRA 15, 4) 7/78	24.5	NAME OF C. T	Done 1955 1012 () 66/ 1/10 ALA	REC'D. BY REGISTIVAN 161983	John & County



6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

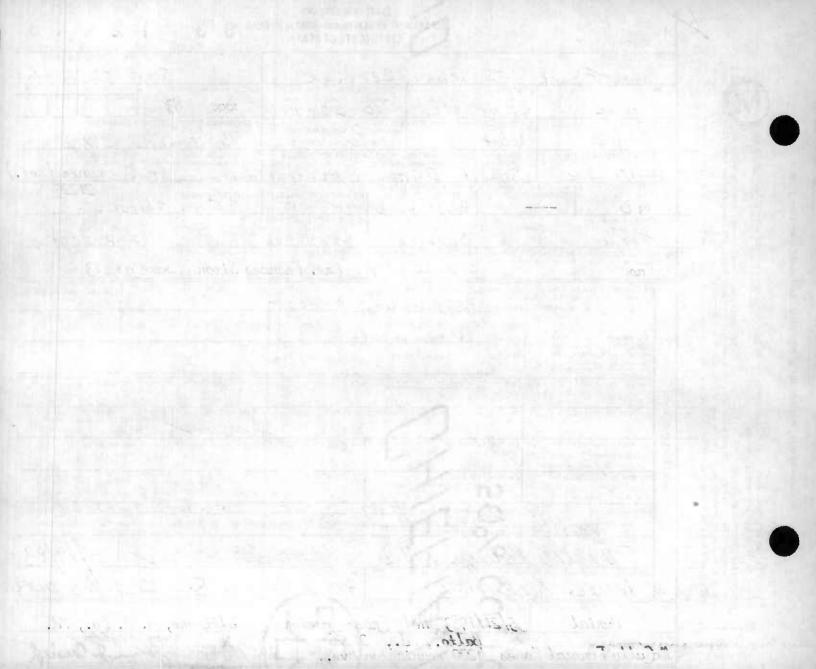
(VRA 15, 4)



	1	STATE OF MARYLAND
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 8 3 1 2 4 3 9
	1. DE	REGISTRAR CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
poge 3		HAZEL M. CASTERLINE 5-26-1983 3:00 A.M
pog er de	1.58	1 RAGE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BRITHDAY) IF UNDER LYEAR IF UNDER 24 HRS
ors of	J.	Lomale Trkite MONTH; DAY YEAR 97 YRS. MONTHS DAYS HOURS MIN.
Por Por	7a. B	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	10.5	MORTOWN OF STATE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. KIND OF BUSINESS OR
73U	E	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPOF WORK FOR MOST OF WORKING LIFE) INDUSTRY The street Address (Typof Work FOR MOST OF WORKING LIFE) INDUSTRY The street Address (Typof Work FOR MOST OF WORKING LIFE) INDUSTRY The street Address (Typof Work FOR MOST OF WORKING LIFE) INDUSTRY
D P	USU	AL RESIDENCE III MURINO NOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) THE ODUNTY 136. CITY OR/LOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS
		Lattimore YES & NO 1 930 W. Lombardest
and 2 sn	HE F.	ATHER'S MAME ADDLE LAST 15. MOTHER'S MAIDEN NAME LAST
- BEAL	160 1	WAS DECEASED EVER IN U.S. ARMED FORCE TION SOCIAL SECURITY NO. 11 INFORMANT ADDRESS
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vent,		PART I. DEATH WAS CAUSE (o) Advanged Atheros cleratic Heart Dysers
or re		4140 DUE TO, OR AS A CONSEQUENCE OF
ofion, froum		Conditions, if ony, which ((b)
other tr		gove rise to immediate couse (o), stating the DUETO, OR AS A CONSEQUENCE OF
or of		underlying cause last. (c)
lury.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
o ini	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS? 200. IF YES, WERE FINDINGS USED
S A	FF	YES NOW YES NO NO
18 sho	1 8	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
or Hem]	A	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
ō	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (14T HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
rked	2	WHILE NOT WHILE AT WORK
is.		22a.1 certify that (I) (this hospital) attended the deceased from 19 1, to 5-26 , 19 13 , that (I) (we) lost
121	100	sow the deceased alive on
Dept If Hen		226. SIGNATURE DEGREE 221. DATE SIGNED
TANT: H		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5/27/83
RTA		22d. PHYSICIAN'S NAME (TYPE OR PRINT)
Mith the		DONATO A. VONGOS UN GOLO YORL NI BELT. MOZIZIL
> =	230.	BUNIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE A
-	1	Quied 5/28/83 Moreland man Park team. Parkville Balte, mg.
OM 4/B2	10	UNERAL DIRECTOR 250 DATE RECTO. BY REGISTRAR'S SIGNATURE. MAY 3 1 1083
4)	100	The say story of the Court of the Wint of 1900 for the story

ENRICE IN CHITECHES San Comment of the Co The second of the second of the second A CONTRACTOR OF THE STATE OF TH

(VRA 15, 4)



1-	ems #18a FOR STATE REGISTRAR		D	EPARTMENT OF		D MENTAL H	63		1 2	442	2
	ECEASED NAME	1000		WIDDLE	LAST		Za. DAT	E KNOWN	MONTH		N HOL
3 SE		Alber White	5. DATE OF BIRTH	1947 36 AGE (IN	YEARS IF UNDER	YR. IF UNDER S	24 HRS. 2c. DA		5-17		7: 7: 1
70	OREIGN COUNTRY)	nd at e or	76 CITIZEN OF WH.		10	NEVER MARRIE		IMORE CITY	OR COUNT	TY OF DEATH	М
	Baltimo	ore /	(IF NOT IN SUCH FAC	ITAL, NURSING HOP LETY, GIVE STREET ADDRESS TRUMA—Univ	versity b		12a. USUAL OC FOR MOST OF	CUPATION (Y WORKING LIFE)	YPE OF WORK	OR INDUSTRY Tauck Da	'
1397	AL RESIDENCE (I	IF IN NURSING AOME OF	Arundel	RESIDENCE BEFORE ADMIS 13 CITY OR TOWN Pasadena	SSION)		13e. STREET ADI			21122	
2	John		litton	LAST Char	rey	Estelle	NNAME	, lizabe	th	Fletche	n
160.	WAS DECEASED YES, NO PRONKNOV	EVER IN U.S. ARM	AED FORCES? yar or dates) rom	216-44-79	RITY NO.	is. Carox	lyn V. (haney	adena, 163 Ai	, Md. 21; rundel Rd	122
7	gave rise cause (a): lying caus		(b) DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TE	E OF	INDITION GIVEN IN PAR	T 1 (a)				
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OP	ERATION WAS PE	RFORMED?				Tan ALITOREYA	only
1 =			The state of the s								NO [
	UNDERLYING CONTRIBUTIN	CAUSE WAS OR G CAUSE OF D	EATH 4:0PM.	MONTH DAY YE 5/13/ 19	AR 83 Subj	JURY OCCURRED			I8 PART 1 OR PAI	YES LX I	
MEDICAL CERTI	UNDERLYING- CONTRIBUTIN	OR CAUSE OF D	HOUR A.M.	MONTH DAY YE. 5/13/ 19 FINJURY (ATHOME, DRY, FARM, ETC.)	83 Subj	ect shot	himsel		col	YES X I	
	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK	OR IG CAUSE OF D CCURRED NOT WHILE AT WORK y that I taak charge	HOUR A.M. 4:00M. 21e PLACE O STREET, FACTO HOT e of the remains desc	MONTH DAY YE. 5/13/ 19 FINJURY (AT HOME, DRY, FARM, ETC.) Teled above, held an	Subjective Land	ect shot	himsel	f Anne A	col	YES (X)	STATE Md.
MEDICAL	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 27d. I certify death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	OR IG CAUSE OF D CCURRED NOT WHILE AT WORK y that I took charge d fram: Nature	HOUR A.M. 4:0 P.M. 21e PLACE O STREET, FACTO HOT e of the remains described causes	MONTH DAY YE 5/13/19 FINJURY (AT HOME.) RY, FARM, ETC.) The ribed abave, held an Accident	Subjective Land	eundel Rd undel Rd Inspection Homicide TIE (SPECIFY) SSISTANT	criv or I. Inqu UndeterminedMEDICAL EX	f Anne A Arry	rundel and in my ap DATE SIGNE	YES (X)	STATE Md.

Take the state of the to the property of the property of the state of the title Indication of a more on laborated four landered Solve Million Source seeds Trades Miller See Section 11- - Not was Caroline I. Garage Toy named Mr. The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTI	FICATE OF DEATH	H	REC	. NO.	1 2 %	7 0
		CEASED NAME	FIRST		MIDDLE		LAST	2a. DA	ATE OF DEAT		DAY YEAR	2b. HOUR
	(1771	E OR PRINT)	EVERE	rt	В.	CHEEK				5	18 83	200/
	3. SE	х		4. RACE			OF BIRTH		E (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		B1a	ack	MONT	2 4 21	AR	(52 YR	MONTHS DAYS	HOURS MIN.
Ma		IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUN	JTRY? 8.	D NEVER MARRIE	9. BAL	TIMORE CIT		NTY OF DEATH	
#10		. Caroli	na	U.S	S.A.	WIDOW			ALTIMO	RE CIT	Y	MD.
notifical	1	ALTIMORE C		11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION HOSPITAL	ON 12a. U	SUAL OCCUP OF WORK FOR MC	PATION	12b. KIND OF	F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NUE STATE aryland	13b COUP	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)			REET ADDRE		21219 w Ppint	Road
P N	14. FA	ATHER'S NAME		MIDDLE	LAS	,	15. MOTHER'S MAID	EN NAME		44.5		
5		Byrd		1.		eek	Mari	a	MIDDL	,E	Thorn	
lico		WAS DECEASED EVEL		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		AD	DRESS		
med		Yes	(IF TES GIV	E WAR OR DATES)	578-2	20-1120	Dorothy	M. Ch	neek 2	2714	Sparrow	Point
lows ony injury, or other troumotic	Conditions, gove rise cause (a), underlying PART 2. OTH CONTINUE		mediate ing the e lost.	DUE TO, O	R AS A CONS	r Ve	NOT RELATED TO THE	ALS	AUTOPSY?	20b. IF	GIVEN IN PART 110 MC YES, WERE FINDIN YES O CAUSES (GS USED
Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	HOUR A.	M. MONTH	H DAY YEAR		OCCURRED (EN	NTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2]	
is morked or	MED	21d. INJURY OCCUP	HILE	21e PLACE (AT HOME, ST		FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY O	RTOWN	COUNTY	STATE
		abave, (I) (we)	sed alive on	n	wer		nd that in (my) (our) o	pinion death o	ccurred on th	5 / / 8 e dote and l		hot (I) (we) lost auses stated
IMPORTANT: If Item 21		Section	uli	a. 1	aru	m	-		CTOR PHY	STAFF YSICIAN (X	221. DATE 9	18/83
RTA		226. PHYSICIAN'S N					22e. ADDRESS					
WPC W				MARASA	M.D.		UNVERSIT					
	23a. I	BURIAL, CREMATION	, REMOVAL	23b. DATE 5/23	/83	Church	EMETERY OR CREMA	on Gr	LOCATION O VIEOR TOWN	Hende	rsom	NSTAC.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Wm $^{\text{CM}^{\text{E}}}$ March F/H Inc. 110 $^{\text{CM}^{\text{E}}}$ E. North Ave.

250. DATE REC'D. BY REGISTRARDIN PEGISTRARS SIGNATURE

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	PZZKIEŚ A. PAGONĄ B.D. DZZKIEŚ A. PAGONĄ B.D. DZZKIE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

CHEEK

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	P DEA		6,		98		EAR	26. HO	
GNY	EARS LA	ST BI	RTHDAY)		IF U	NDER	1 YEAR	# UNDE	R 2 s H

DECEASED NAME TYPE OR PRINT Male

- STATE

REGISTRAR

HUBERT Howard 4. RACE

Cauc.

5. DATE OF BIRTH May

31, 1908

2a. DAT

6. AGE

M

74 BALTIMORE CITY OR COUNTY OF DEATH

BIRTHPLACE (STATE OR FOREIGN Alabama 10 CITY OR TOWN OF DEATH

BALTIMORE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Th. CITIZEN OF WHAT COUNTRY?

WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED DIVORCED [

126 USUACOCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING FOLLOWS Assembly Line

General 130. STREET ADDRESS Balto, Md.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Md. 4 FATHER'S NAME

Baltimore MIDDLE

LAST Cheek

UNION MEMORIAL HOSPITAL

IS MOTHER'S MAIDEN NAME Elizabeth

NOF

13d. INSIDE CITY LIMITS?

Black.

William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? No

PART I. DEATH WAS CAUSED BY:

FIRST

166 SOCIAL SECURITY NO. 418-09-3686 Grace Cheek, 1025 Hewitt Way, 21205

17. INFORMANT

YES X

CARDIO-PULMONARY ARREST

1025 Hewitt Way, 21205

IMMEDIATE CAUSE (0)_ Conditions, if any, which

gove rise to immediate couse (o), stoting the underlying cause

18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c).

CANCER OF THE LUNG. DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION 5-12-83

210 ACCIDENT WAS UNDERLYING

CANGER OF THE LUWG. 216 TIME OF INJURY

P.M

21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NON

IN CERTIFYING CAUSES OF DEATH? YES [

206. IF YES, WERE FINDINGS USED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

saw the deceased alive on_

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from

HOUR A.M. MONTH DAY YEAR

21f. LOCATION

CITY OR TOWN

20a AUTOPSY?

COUNTY

STATE

226. SIGNATURE

obove, (1) (we) (did) (did nat) view the body after death.

83

DEGREE

MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED 5-26-83

224. PHYSICIAN'S NAME (TYPE OR PRINT)

STANLEY A. WILKINS, M.D.

5/28/83

MIN 23c NAME OF CEMETERY OR CREMATORY

27e ADDRESS

UNION MEMORIAL HOSPITAL 23d. LOCATION

and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

24 FUNERAL DIRECTOR

MPORTANT

DHMH - 16 50M 4/82 Schimunek Funeral Home, 3331 Brehms Lane MBaltinbre, (VRA 15, 4)

CERTIFICATION

Burial

230 BURIAL, CREMATION, REMOVAL 236, DATE

Holly Hill Cem.

Baltimore, Md.

SPP (AS)	10	JIBRID	ar asset	BISEUR
THE REAL PROPERTY.				
		77-33	Indian solid	ENOUTELAN
Augilia L.				
	Tann S. n. v.	a Paragraph	0 44 3	
		NA BIT		23.012
			-91/2/3- 8	
TATTION D	CERCIAN THE	1 12 1	- Davide High	A STATE OF THE STA

- STATE

TYPE OR PRINT

REGISTRAR

nse.

DECEASED NAME

STATE OF MARYLAND

LAST

DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

RANDALLSTOWN

166 SOCIAL SECURITY NO.

213-61-3030

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

GABE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

ESTHER

YES TXX NO M

17. INFORMANT

VEAR 1912

DIVORCED [

tomemaLE 13e. STREET ADDRESS

2a. DATE OF DEATH

MIDDI

MR. JULIUS ACHENKIN 9614 ORPIN RD. RANDALLSTOWN, MD

REG. NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

Baltimare

LTYPE OF WORK FOR MOST OF WORKING LIFE!

WIDESPREAD

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NOF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH

DAY YEAR 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF

19 21f. LOCATION

COUNTY CITY OF TOWN

YES [

STATE

NO [

2h HOLE

126 KIND OF BUSINESS OR

#21133

21133

APPROXIMATE INTERVAL

IF UNDER 1 YEAR

INDUSTRY AT HOME

77d PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

MEDICAL PHYSICIAN 22e. ADDRESS

DIRECTOR PHYSICIAN

STAFF

and that in (my) (aur) apinion death occurred an the dote and haur and fram the causes stated

5/11/83

22c. DATE SIGNED

230 BURIAL CREMATION REMOVAL (SPECIFY) BURIAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

21215

23d. LOCATION CITY OR TOWN

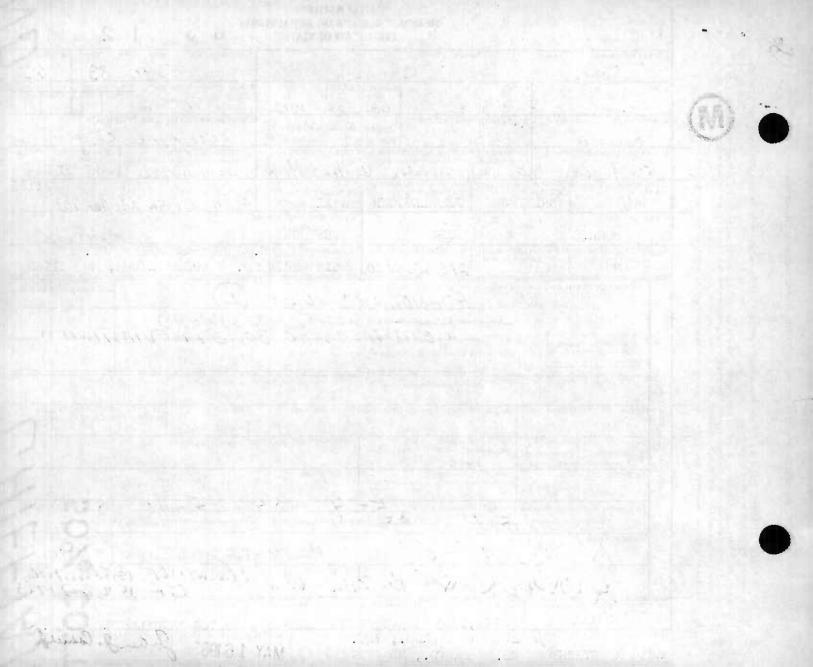
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

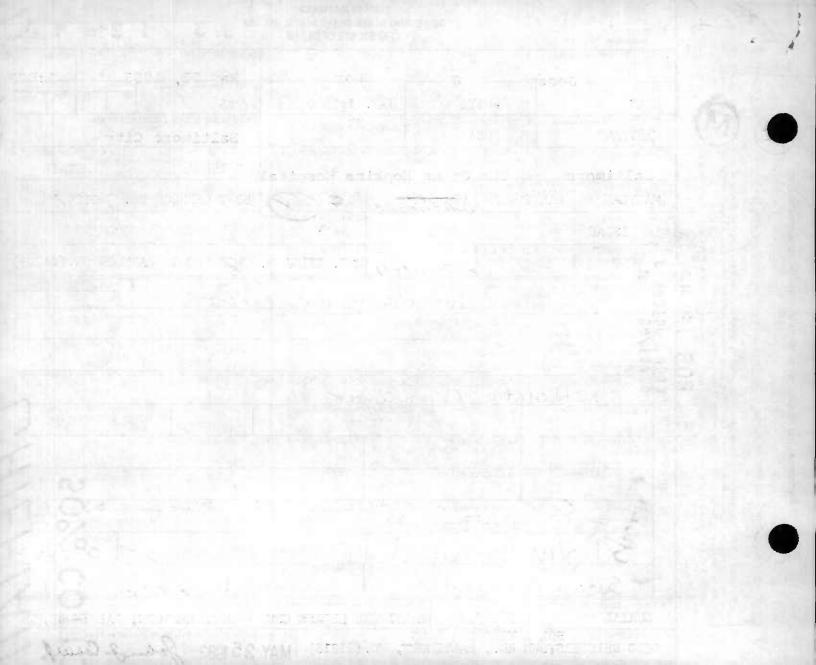
RELIEF RANDALLSTOWN BALT, MD



(VRA 15, 4)

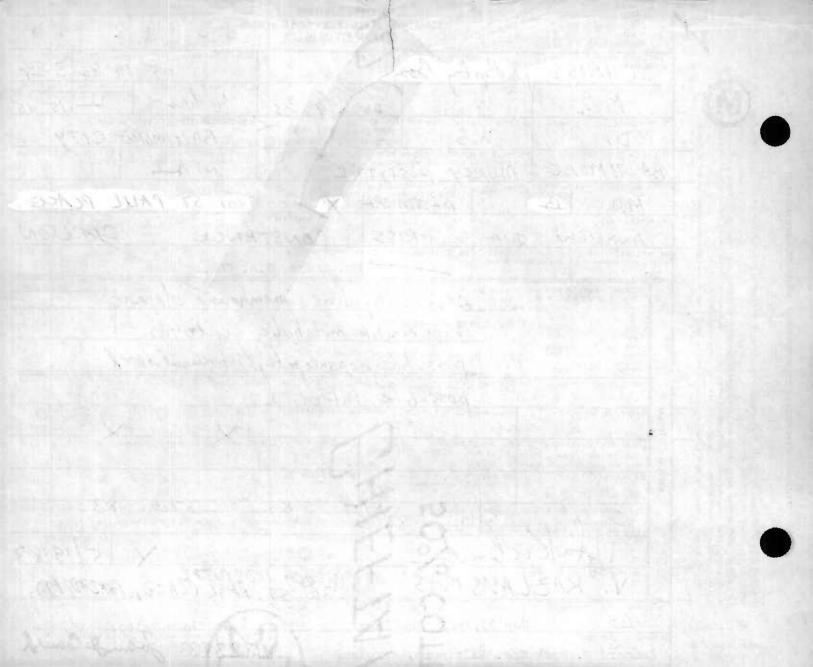
STATE OF MARYLAND

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SHOW				
	HMOXDERU	205	171)	gniell
2123 In-6123 Dunioxing Rd., G10	Nr.Pee You Chi	110-24-1084		
		Lile:		



Leonard J. Ruck Inc. Baltimore, Maryland

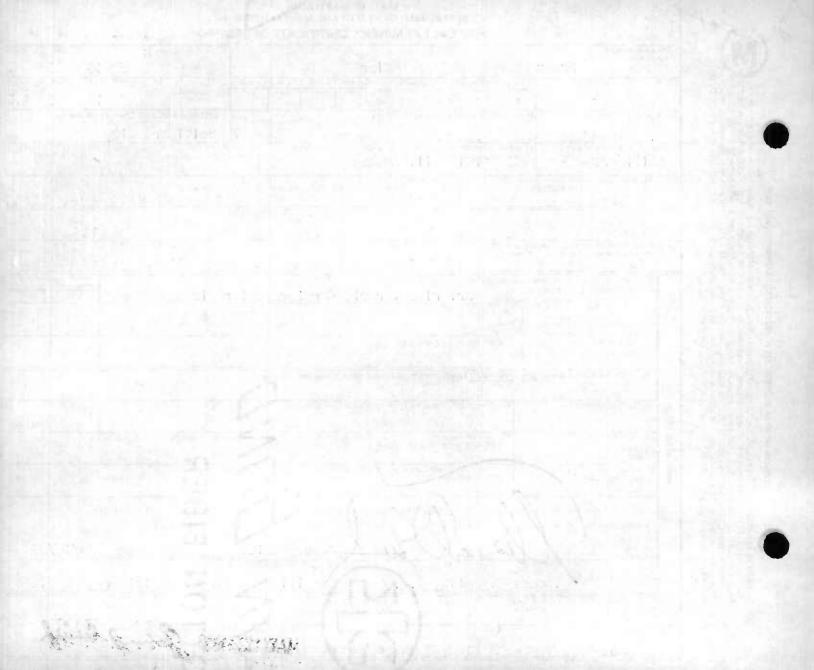
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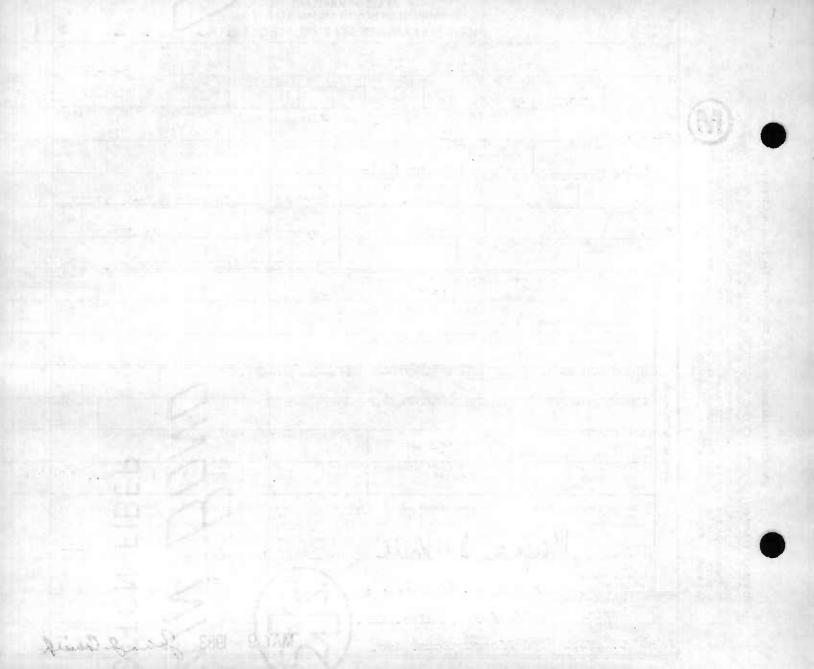
		FOR		DEPARTMENT OF HEAL	TH AND MENTAL H	IYGIENE		A **
		STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE C	F DEATHS REG.	0 2 4	4 7
		CEASED NAME FIRS		MIDDLE	LAST	20. DATE KNOWN		YEAR 75 HOUR
Master	(TYP	E OR PRINT)	EATRICE	CHDI	STUNES	Or ESTI-	5-19-83 i	
A CHOM	3. SE)		5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS. 2c DATE	MONTH DAY	YEAR 2d HOUR
の一世の一世の一世の一世の一世の一世の一世の一世の一世の一世の一世の一世の一世の			MONTH DAY		ONTHS DAYS HOURS	MIN PRONOUNCED DEAD	E 10 07.	- CDM
9228		Female White	7b. CITIZEN OF W	/HAT COUNTRY?			5-19-83 1 OR COUNTY OF DE	
舞曲ソバ		REIGN COUNTRY)	75. CHIZZIN OF VI	MA	RRIED NEVER MARR	IED U	OK COUNTY OF DE	АП
	10.0	Md.	U.S.		OWED Ly DIVORC	- Dal Luici e	City	MD.
8001	10 CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME, OR C	OTHER INSTITUTION	120. USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE)	OR I	OF BUSINESS NDUSTRY
DV		altimore		ashington Blvd.		Packer	Fo	od
O A		AL RESIDENCE (IF IN NURSING HO TATE \$136 CC		130. CITY OR TOWN	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21230
9		_Mđ.		Balto.	YES NO	1250 Washing	rton Blvd	218
-	14. F/	ATHER'S NAME			15. MOTHER'S MAIDE	FN NAME		
2/17	1	FIRST	MIDDLE	Combon	FIRST Variables	WIDDLE	Parence	ST
44	16a. V	John Vas deceased ever in U.S.	ARMED FORCES?	Crohan 166. SOCIAL SECURITY NO.	Katheri 17. INFORMANT	L ne ADDRE:	Burns	4.1.7.
1	{Y	ES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	State of the	Elinore C		2532 Sou Md. 2123	thdene Av
N		No			Elinore	any parto.		OXIMATE INTERVAL
10		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAI				ulam diasasa	BETWE	EN ONSET AND DEATH
A PER		1/- IMME	DIATE CAOSE (0)	rteriosclerotic	cardiovasc	utar disease		
1200		7292	DUE TO, OI	R AS A CONSEQUENCE OF				
AL H		Canditians, if any, wl					NOTE: 1	
28	- 11	cause (a) stating the uni		R AS A CONSEQUENCE OF				
HAL, CREMATION O		lying cause last.						
	-	PART 2 OTHER SIGNIFICANT CONDITI	(c)	H BUT NOT RELATED TO THE TERMINAL DIS	EACE OR CONSITION CIVEN IN BA	OT 1		
:	z	TANK E OTHER FIGHT CONDITION	CONTRIBUTION TO OLATI	TOO NOT KEENTED TO THE TERMINAL OF	ERSE OR CUMULTION DIFER IN TA	KI 1 (0),		
-	CERTIFICATION	190. DATE OF OPERATION	10k COND	ITION FOR WHICH OPERATION	LWAS PERFORMED?		[26 A++	TOPSY?
/	S	THE DATE OF GREATION	179. COND	INDICTION WINCH OF ERATION	THAT ENTORMED!			46 -
	RT	AL EVIEDALAL CALIFFALIA	01) Tu 5 0	NE IN COLUMN				s 🛚 NO 🗌
5		210. EXTERNAL CAUSE WAS		M. MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)	
3	MEDICAL	CONTRIBUTING CAUSE	OF DEATH P.A	M. 19				
	ED	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME, 21f	LOCATION	CITY OR TOWN	2011.00	STATE
	Z	WHILE NOT WHILE AT WORK	D STREET, FAC	LIVER, LOSEN, ETC.)	STAKE!	CITORIOWN	COUNTY	SIAIE
					tapsy . Inspectia	₩ . □		173 133 16
	-	220 I certify that I took of	F				and in my apinion	
		death resulted fram: N	latural causes X,	Accident, Suicide	, Hamicide,	Undetermined manner	,	
MARYLAND,	74	LACYLLAI M	A.	011.00	TITLE (SPECIFY)			00 07
<u>حب</u> ن	1	ACTUAL SIGNATURE	in to Vir	LANNA	MDAssistant	MEDICAL EXAMINER	DATE SIGNED 5-	-20-83
5//	/							
5		(TYPE OR PRINT)	raarita A	Korell M.D.	ADDRESS111	Penn Street		- A-066 E
BALTIMORE, M	23a.B	URIAL CREMATION REMOVA	AL 23b. DATE	23c. NAME OF CEMETER		23d LOCATION CITY OR TOWN		
•	- ts	Removal	5/25/83			CITY OR TOWN	COUNTY	STATE
	24. F	UNERAL DIRECTOR	3/23/03		250. DATE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATU	RE _
,		NAME	ADDRES		JUN	2 1983	Cane	us !
5))		Anatomy B	oard	Balto., Md.	10011	6 1303		3

STATE OF MARYLAND

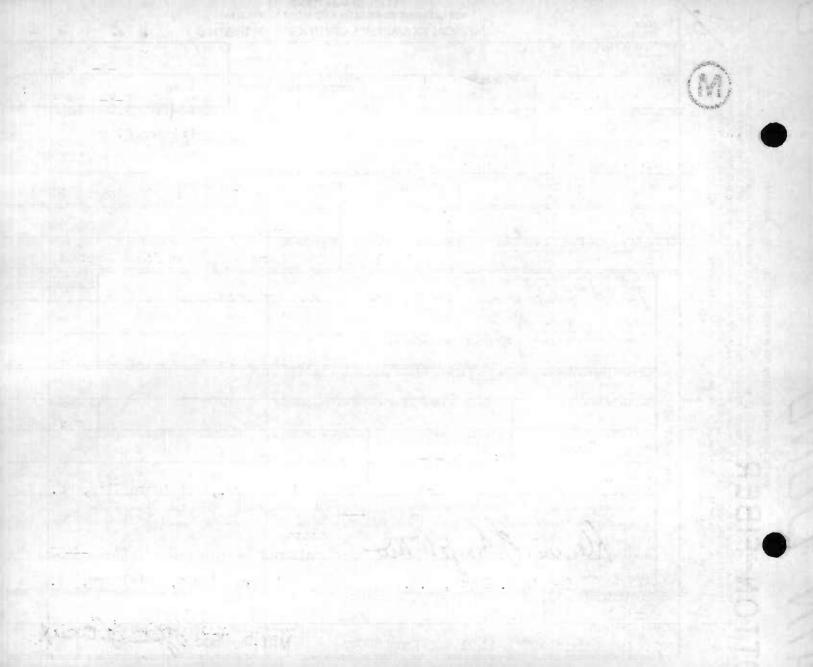
A	rit	em 17 i	FG579 5,	/17/83 ph	DEPART			ARYLAND		IFNE					
200		STATE REGISTRAR		ME				ERTIFICA		18 "	REG. 1	1 2	day	5 (
(M)		CEASED NAM			WIDDLE		519-3	LAST		2a. DATE	KNOWN ESTI-	MONTH			h. HOUR
8455	4 05)		Fra				lark	Jr.		DEATE	MATED	□ 5		83	М
STR STR	3 SE)		4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN Y	MONT		UNDER 24 H		10 IS	YEAR 2	HOUR 9.55 A.M		
SEAN YOUNG	7a. B	fale	Black	9 5 7b. CITIZEN OF W	22 HAT COUN	00	RS. 8		nuinnen [0 BALTI		OR COUN		_	
MAN TOWN		. Car	olina	U.,	S.A.		WIDOW	IED NEVE			timor	e City	y		MD.
FLAV IS N TO THE FU P AGE 5 BE FILED.	10. C	Baltimo	OF DEATH	11. NAME OF HO	2032 SPH FACKITY GIVEN TREET ADDRESS ON U.S. FOR MOST OF WORKING LIFE)								126. KIND OF BUSINESS OR INDUSTRY		
ANN BANDS	13a. S	AL RESIDENCE TATE [aryla	136 CO	ME OR OTHER INSTITUTION, C UNTY	13c. CITY	OR TOWN		13d. INSIDE CITY		STREET ADDI		Hill	Ave	. 2	1217
. MD. 2.	14. F/	ATHER'S NAME		WIDDIE		LAST		15. MOTHER'S	S MAIDEN NA	AME	MIDDLE		LAST		
OREA SES SES SES SES SES SES SES SES SES S	14a V	Frank	O EVER INTLES	ARMED FORCES?		lark CIAL SECURI	V NO	Jan 17. INFORMA	e		ADDRE		E11i		
F., BALTIMORIUS AFTER DEL	(Y	Yes	WN) (IF YES, G	GIVE WAR OR DATES)		7-20-9		Kathe		Smith	12	Sprin Apple	g Va dale	Lai	ne Y
TT., B. DURS 18. G WITA		18 CAUSE C	F DEATH (Enter	only one couse per lin				1447	TE DE				APPRO BETWEEN	XIMATE INT	TERVAL ND DEATH
ESTON ST., IN 24 HOUI IN 1EM 18 P. ALONG V SIT PERMIT. HYGIENE, I MOVAL.	30	4-		NATE CAUSE (a)		IOSCI E		Cardio	ovascul	lar Dis	ease				
THIN THIN THIN THIN THIN THIN THIN THIN			is, if any, whi	ich	, no n co.	1324021162									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RRITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. KRDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. GR. 3 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 KND 2 SIGED SARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL 201 PRIÇR TO BURIAL, CREMATION, OR REMOVAL.	H		e to immedia stating the <u>und</u> se last.		R AS A COM	NSEQUENCE	OF			100					
BIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE EXECURITING THE WORD."PENDING." RDED TO THE CHIEF MEDICAL I BE 3 SHOULD BE USED AS A BURE TO SHAULD BE USED AS A BURE TO SPRIGHT OF HEALTH AND OF PRIOR TO BURIAL, CREMATIC	z	PART 2 OTHER SI	GNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TER	MINAL DISEAS	E OR CONDITION GI	IVEN IN PART 1 to		No. 25				
L REC JID B JID B JID B PEN JID B JID B JI	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPE	RATION W	'AS PERFORME	D?				20 AUTO	OPSY?	
WITAN SHOO ORD ORD CHIE LUSIA	TIFIC	1			F1.00								YES		NO X
A PARENT THE WEST OF STORES	I CER	UNDERLYING	CAUSE WAS			DAY YEA	R 21c. H	O YAULUI WC	CCURRED (EN	ITER NATURE OF I	NJURY IN ITEM !	18 PART I OR PA	RT 2)		
ISION NG TO SHOOT SHOT SH	DIC	THE INJURY O	OCCURRED	TIO PLACE		19 Latinials		CATION						2	
I>244-	¥	AT WORK	NOT WHILE	D SORET, FAI	CHURY, FARMA			IREET	135	CITY OR T	OWN	co	UNTY		STATE
JER: THI CATE, W FORWA OR: PA(NE STA		22s I certi	y that you's ch	argeful the femant de	scriby of	manage of	Augo	sy 🔲, In	nspection X	. Inquir	, [].	ond in my op	noinic		
RECTIFIED OF THE NAME OF THE N		death result	ed frog No	suffit confus (LS).	Acathany	L/s	uicide	, Homicide		ndetermined r	nonner	,			
ALECHAOULE WALD		ACTUAL SIGNATURE,	/	Clou	eik	14	as A	Deputy	/ Chief	AEDICAL EXA	MINER	DATE	5/	10/8	3
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM AFTER DEETOR: PATER DEETOR: PATER DEATH, MITHES IT BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI		homas D. S	mith,	M.D.		ADDRESS 11	11 Penr	_Stree	et, Ba	1timo:	re, Mi	21:	201
	23a.B	URIAL, CREMA	TION, REMOVA L	5/14/8				Ceme		Rye,		cou	NIY N.	Y .STATE	
BP		UNERAL DIREC		ADDRES					DATE REC'D	BY REGISTR	AR TOE	GISTRAR'	By	il	
(VR A15 ME (5))	Wn	C Ma	rch F/	H Inc. 1		E Nor	th A		MAY 1	2 1983	90	mo	- 0		
20M 4/82						7.7									

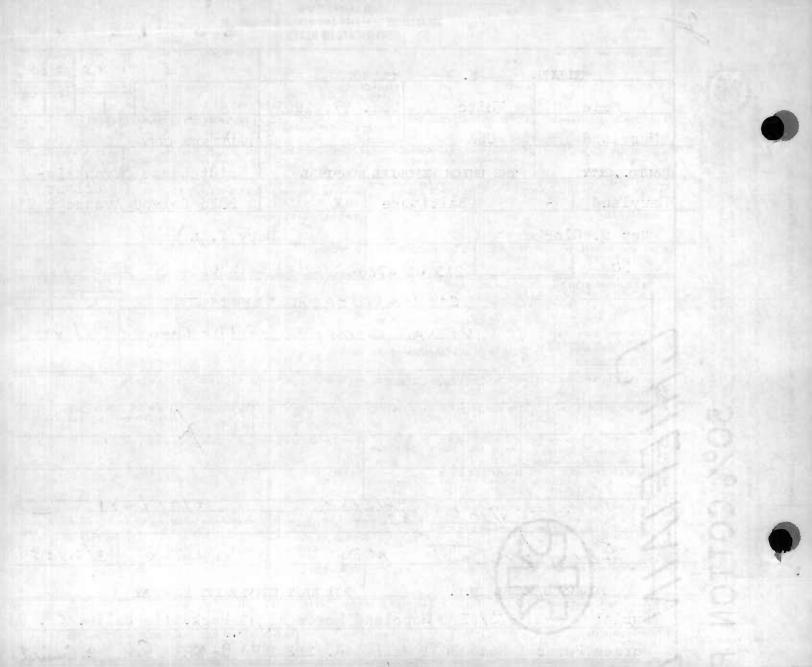


1	500	252427451		MARYLAND	(OIF)	
1	FOR - STATE			H AND MENTAL HY	DESTU 4	12 451
1.0	REGISTRAR DECEASED NAME FIRST	MIDDLE	MINEK 3	LAST	2a. DATE KNOWN, OF ESTI-	O. MONTH DAY YEAR 26 HOL
	TYPE OF PRINTS	DELL R. C	LARK		OF ESTI-	
1 S		211		NDER 1 YR. IF UNDER 2		5-6-83 19 MONTH BAY YEAR 24 HOU
		MONTH DAY YEAR LAS	BIRTHDAY) MON		MIN. PRONOUNCED DEAD	5-6-83 , 2:59P
	ALE BLACK	5 6 54 2	9 YRS.		9 BALTIMORE CITY	OR COUNTY OF DEATH
	FOREIGN COUNTRY)			RIED NEVER MARRIE		
	CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSING	HOME, OR OT		D U Baltimo 12a USUAL OCCUPATION (
		(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
Ų.SI	BALTESIDENCE (IF IN NURSING HOME		ADMISSION)			
13a.	STATE 136 COUN		WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
14	FATHER'S NAME	Balto.		15. MOTHER'S MAIDEN	1039 Fulton	Ave. 21217
	FIRST	MIDDLE LAST		FIRST	MIDDLE	LAST
	ZEL WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	VIRGINTA 17 INFORMANT	ADDRE	IGGETTS
	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		TOUT OF AD	v 1642 person	0
_		nly one couse per line for (a), (b), and ((1)	LABILL CLAR	<u>K 1643 BENTAL</u>	APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSE	D BY:		ot wounds		BETWEEN ONSET AND DEATH
	9654 IMMEDIA	TE CAUSE (o) MULT I DUE DUE TO, OR AS A CONSEOU		71 41001100		
	Conditions, if any, which					
	gove rise to immediate couse (a) stating the under-		NCE OF			
	lying cause last.	(c)				
	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL OISEA	SE OR CONDITION GIVEN IN PART	1101	
NO						
AT	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION V	WAS PERFORMED?		20. AUTOPSY?
I F						YES XX NO 🗆
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY	YEAR 21c H	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
CAL	UNDERLYING XXOR CONTRIBUTING CAUSE OF		19 St	ubject shot		
EDI	216 INJURY OCCURRED WHILE DOT WHILE	21e PLACE OF INJURY (AT H	OME, 21f. LC	CATION'	al houmer street	Baltow, Maryland
1	AT WORK AT WORK	gx street		12000000		5001001971019
	220 I certify that I took char	ge of the remains described above, hel	dan Auta	psy XX Inspection	, Inquiry,	and in my apinian
10		rol causes . Accident .	Suicide	Homicide XX	Undetermined manner	
		M. 111	0.0	TITLE (SPECIFY)		A P. T. Y. S. Y. LAND
	ACTUAL SIGNATURE	white my	u,	M.D.Assistant	MEDICAL EXAMINER	DATE 5-7-83
)/	EXAMINER'S NAME		1414			
1	(TYPE OR PRINT) Ma	rgarita A. Korell	M.D.	ADDRESS 111 F	Penn Street	
23a	(SPECIFY) _	236. DATE 23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
_	burial	5/10/83 Balto	Cem.		BALTO., MD.	
	FUNERAL DIRECTOR	ADDRESS			9 1983 25 RE	GISTRAR'S SIGNATURE
4 8 . 1	ERUI U. DIETT 46	00 Liberty Hgts.	ATTO	MIM	9 1303 136	ALL MARKET A



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Willie 1983 Rudy Clark 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 9:32 DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED Male 10 27 38 44 YRS DEAD Black 1983 D M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA S.C. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Sinai Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? 4229 Norfolk Ave. 21216 YES X NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pearl Clark Clark Frank 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS F MEDICAL EXAMINER ALONG WITH FOR ED AS A BURIAL, "TRANSIT PERMIT, PACES I HATHA HAN MENTAL HYGIENE, DIVISION AI, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) 216-34-5636 Ann Clark 4229 Norfolk Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest and head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION NEED TO THE CHIEF MEST SHOULD BE USED A EDEPARTMENT OF HEAD OF PRIOR TO BURIAL, C 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [21g. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 8:46 M. 5-3subject was shot CATE, WRITING FORWARDED TO 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTLIMORE, MARYLAND, 2120 Baltimore City. store 3202 Chelsea Terr. 220 I certify that I taak charge of the remains described above, held on Autapsy Inspection Inquiry Hamicide X death resulted from Notural course Suicide Undetermined manner TITLE (SPECIFY) Assistant EXAMINER'S NAME III Penn Street, Baltimore, Md. Smyth, M.D. **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) MD 5/9/83 Burial Randallstown King Memorial Pk. 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)) 20M 4/82





FOR

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE OF DEATH MONTH

YPE OR PRINT)	Danie	e1	B.	Cla	rkson			May	16,	1983	6:50P
SEX		4. RACE	SEE SEE	5. DATE C			6. AGE (IN	EARS LAST BIRT	HQAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		Black	2	2 MONTH	4	97	86		· YRS.		HOURS MIN
BIRTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9. BALTIMO	RE CITY O		TY OF DEATH	
PA PA		USA		MARRIE		R MARRIED A	В	altime	ore (City	
CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN	NG HOME C				OCCUPATION AND TO		12b. KIND C	F BUSINESS O
Baltimore		Mar	yland Gen	ieral	Hospi	tal				hem St	eel
UAL RESIDENCE (IF NO. STATE	13b COU		134. CITY OR TOW		13d, INSIDI	E CITY LIMITS?	130. STREET			213	217
/ID			Baltim	ore	YES 🔯	NO 🗆	711	Dolph	lin	Street	
FATHER'S NAME		MIDDLE	LAST	_	15. MOTHE	ER'S MAIDEN NA	ME	WIDDLE		LAS	
Daniel			Clarkson	l.	Id			MIDDLE	U	nknown	
WAS DECEASED EV	ER IN U.S. AI	MED FORCES?	166. SOCIAL SECL	JRITY NO.	17. INFOR	MANT		ADDRE	55		
(YES, NO OR UNKNOWN)	WWW	VE WAR OR DATES!	216-24-	4232	Alic	e Wils	on-71	1 Dol	phi	n Stre	et
THE CALLSE OF DE	ATM (Enter o	-1	r line for (o), (b), on	al int t						APPROX	MATE INTERVAL
PART 2. OTHER S Acute Re	immediate of the ouse last. IGNIFICANT Spirat	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AND A CONSEQUER	ENCE OF	NOT RELAT	red to the term	AINAL DISEAS	s Post	Ful	1 Arres	t.
19a. DATE OF OPE	RATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTO	NO NO	IN CERT	ES, WERE FINDING CAUSES	
	CAUSE OF DE	AIR		AY YEAR	21c. HOW	INJURY OCCUR			1		7,0
(IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOT AT WORK AT	T WHILE WORK		OF INJURY REET, FACTORY, OFFICE, I		21f LOCA	ATION REET		CITY OR TOV	VN	COUNTY	STATE
		May 1	6 19 ofter death.	May 83, or	nd that in (i	, 19 <u>83</u> %) (our) opinion		ay 16 on the do	te and ha		thatXIX(we) lo couses stated
226. SIGNATURE			17		DEGREE			40-14		22c. DATE	
JAK	wany	neo h	ND			PHYSICIAN [MEDICAL DIRECTOR	TAF PHYSIC		5 16	5 83
22d. PHYSICIAN'S					22e. ADDI	RESS		133.1	/-		
Josep	n Nkwa	nyou, M.	υ.		c/0	Marylan	nd Gene	ral H	ospi	tal	

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Ceme.

ADDRESS LIDETH AVE.

REG. NO

Baltimore City, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

26. HOUR

DHMH - 16 50M 4/82 (VRA 15, 4)

APORTANT: If hem 21

230. BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR

5/20/83

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aren in t			
Nafalla alliato (1)	-nokem autil 98325-		
	AND AND DESCRIPTION		
XI.			

			STAT	E OF MARYLAND			
1	FOR - STATE			HEALTH AND MENTAL HYG	IENE O Z	1 2 /	has him
	REGISTRAR PAUL S	S. CLEM	CERTIF	FICATE OF DEATH	REG. N	10.	2 2
	1. DECEASED NAME FIRST	WIDDLE	0/	VAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Taul	S.	0	em	-	3/10/83	802 p M
	3. SEX	4 RACE	S. DATE C	OF BIRTH 6/29/20	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	Cauresia	06	29 20	62	YRS.	MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	The Control of
1	VIRGINIA	USA	WIDOWE		BALTIMO	RE CITY	MD.
/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS		120 USUAL OCCUPAT		OF BUSINESS OR
	BALTIMORE	BALTIMORE CI	TYH	OSPITAL	"ENGINEE	R INDU	STRIAL
2	USUAL RESIDENCE (IF NURSING HOLL FOR	NTY 13, CITY OF TOW	ADMISSION)	113d INSIDE CITY LIMITS?	124 CIBEET ADDRESS		
1	MARYLAND BAI	LTIMORE ROSEDA	LE	YES NO	7934 BR	IDGE AVE.	21237
2/	14. FATHER'S NAME	MIDDLE		15 MOTHER'S MAIDEN NAM			J
1	TOBIAS	CLEM		MAGGIE	CODIE	WAL	TERS
1	160 WAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRI		271
	(YES, NO UNKNOWN) (IF YES, GI	2231857	76	MILDRED CI	LEM 7934:	BRIDGE AVE	•
D	18 CAUSE OF DEATH (Enter or	nly ane couse per line for (a), (b), and	d (c)			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE		naju	ayest			
	4360	DUE TO, OR AS A CONSEQUE	NCE OF				/
V	Conditions, if any, which		mon.	ia	Mallane Control	30	an .
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			/	1
	underlying couse lost.	(c) CV	9			60	lass
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11	a a
	e Cardiava	scula disease	-	-1PM1			
	S 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES	NGS USED OF DEATH?
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				YES NO	YES	NO D
1		LIQUID A M. MONITH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
	S (IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	19				
	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
-	AT WORK AT WORK		-	7 10 63	17	11	
		ital) attended the deceased from	-	nd that in (my) (aur) opinian d	dooth accurred on the di		that (I) (we) lost
	above, (1) (we) (d/d) (did/d)	on19		DEGREE	seam occorred on the ac		
	THE SOUNT ONE	Sandina	cres	ATTENDING	MEDICAL STAI	FF 1 22c. DAY	SIGNED
1	22d, PHYSICIAN S NAME	To vourin	0	PHYSICIAN	DIRECTOR PHYSIC	IAND	1/83
	1111	7 0 . 1 . 1	w	Balta	14.	Horas	
	23a BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	123d LOCATION	11. 7.	
1	Z BURTAL	44140	ARDE		CITY OR TOWN	COUNTY	STATE
	24 FUNERAL DIRECTOR	3/14/03 0	AUDE		BALT	O BALT	U MD
	ME!	1211 ADDIESS	aco	A20 37 250 MA	1 1 2 1983	Johnson	shelf
	15 0/100	1211 Ches	mo			U .	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

MPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other troumotic event, them

PAUL S. CLAN

CATAGORIE SU MENION MONTH SUCLEMENT SHOWING

TECKS . WAR HOLE HEE

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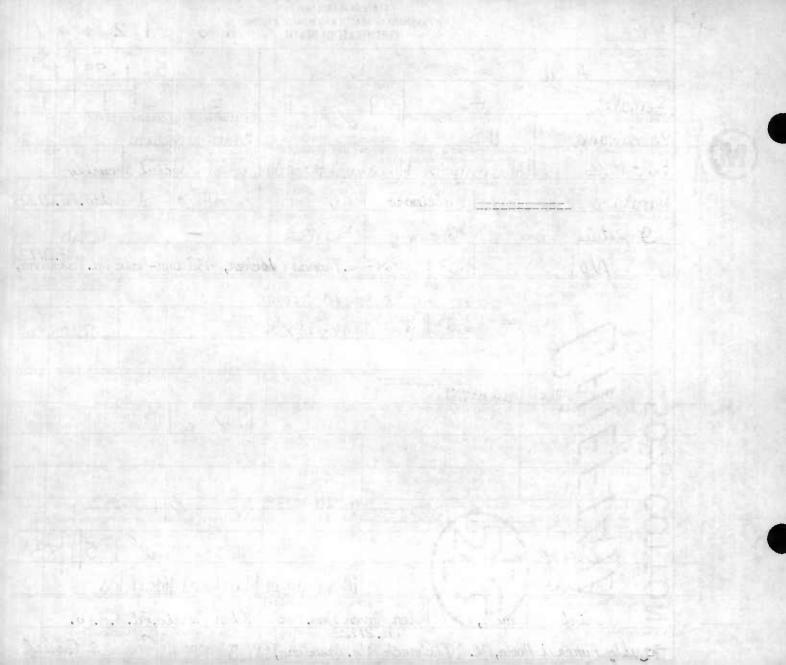
=1 M RG 120E M F6/11/2 Minister of course have

-16	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 REG. NO.	2 4 5 7
		EASED NAME FIRST OR PRINT) ANNO	MIDDLE	Clocker	20. DATE OF DEATH MONTH	1-83 923 OA
	3. SEX		white	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YR.	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
115		RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDGWED DIVORCED	Baltimore Cu	TY OF DEATH
188	Bo	Utimore 1	(IF NOT IN SUCH FACILITY, GIVESTREE!	Maxaland Hospita	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN YETWED - Social	1 1
35	130. S	ruland Enter		ore YES D NO	130 STREET ADDRESS 1. S	t Balto.Md.2122
300		Franctius Notiv	DOLE STESHO		WIDDLE	Icab
/ medico	16a W	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SQCIAL SECTION (MAR OR DATES) 207-03		dcken, 8458 Lyn-L	
iol, cremotion, or remover		REALISE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stofling the underlying cause lost	BY: CAUSE (0) COLVINION DUE TO, OR AS A CONSEQUE (b) 3 CONSEQUE (c) (c)	ulmonary arrest ree hoart block whice of		BETWEEN ONSET AND DEATH
ws ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	nyelayna	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RIFFYING CAUSES OF DEATH?
tem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR 19 21c. HQW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	
th and Mond Mond Mond Mond Mond Mond Mond Mo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 21f. LOCATION STREET	CITYORTOWN	COUNTY STATE
t. of Heol	d	22a.1 certify that (1) (this hospital sow the deceased alive on abave. (1) (we) (did) (did nat)	5/ 19		n death occurred on the date and	
with the State Dep MPORTANT: If the		22b. SIGNATURE LOUMONA 22d. PHYSICIAN'S NAME LIVE OR	(M)	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 5 1 83
with the				1. ADDINEOU	11 0 111	10

DHMH - 16 50M 4/B2

(VRA 15, 4)

Mc Willy Funeral Home, Mt. & Tickneck Rds. Pasadena MAY 3



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) COATRS 83 AMRS 5 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR & AGE TIN YEARS LAST BIRTHDAY MONTH DAY YEAR HOURS 30 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE'CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTO WIDOWED DIVORCED O CITY OF OWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS YORKING LIFE) INDUSTRY GE W JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIAMIS? 13e STREET ADDRESS ME 5322 USA BACTIMORE BRLLESILLY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ELLIAT 29740 SARAM WINALLY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMAN ADDRES (YES, NO OR UNKNOWN) 210 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ROLOWIRD IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 60 m, ws Conditions, if ony, which Nemold MAGIC gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last YMORACO - ADDOMINA 16173221C PART 2 OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I A PR-7-20510. 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? SSECTION NO. NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOW THEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE TARM, ETC.) SIRFE WHILE 220.1 certify that (1) (this hospital) attended the deceased from 85, that (I) (we) last 19 \$3. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated saw the deceased alive an. abave, (1) (we) (did) (did nat) few the body after death 226. SIGNATURE DEGREE 12r DATE MGNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME LITYPE OF THE 22e ADDRESS - 177 PATRICI -OF 230 BURIAL CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION

Security Process

CITY OR TOWN

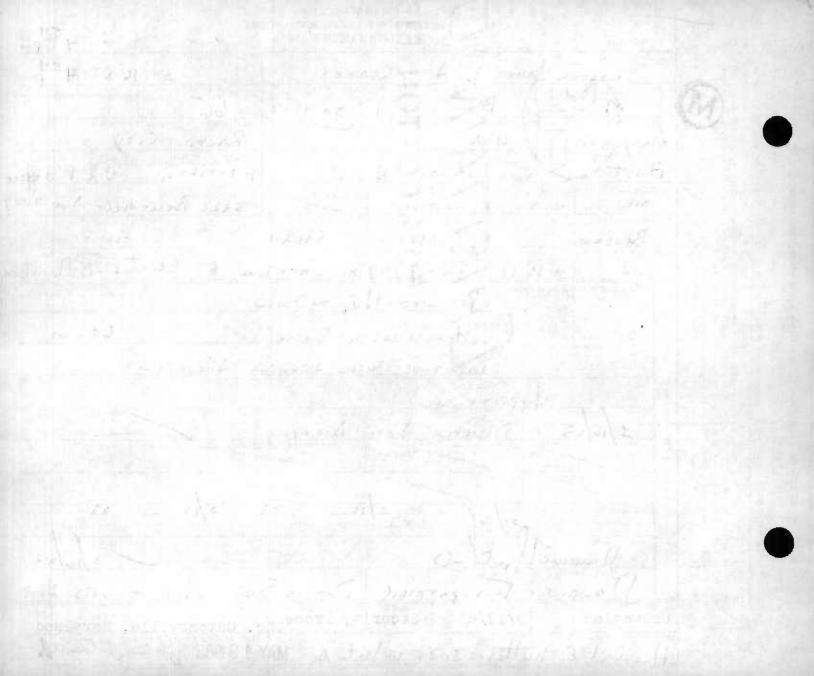
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250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAS

Maryland

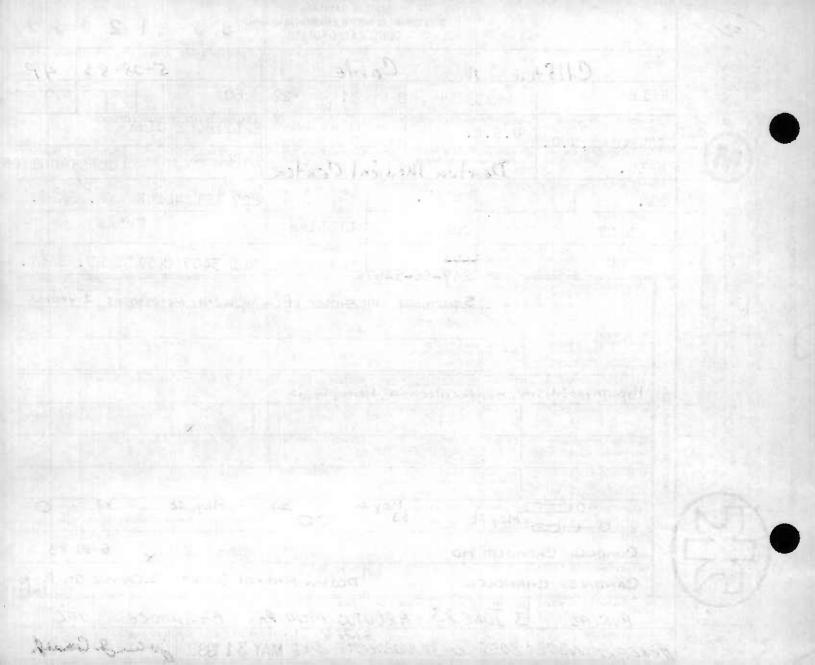
DHMH - 16 50M 1/81 (VRA 15, 4) Cremation

7/83

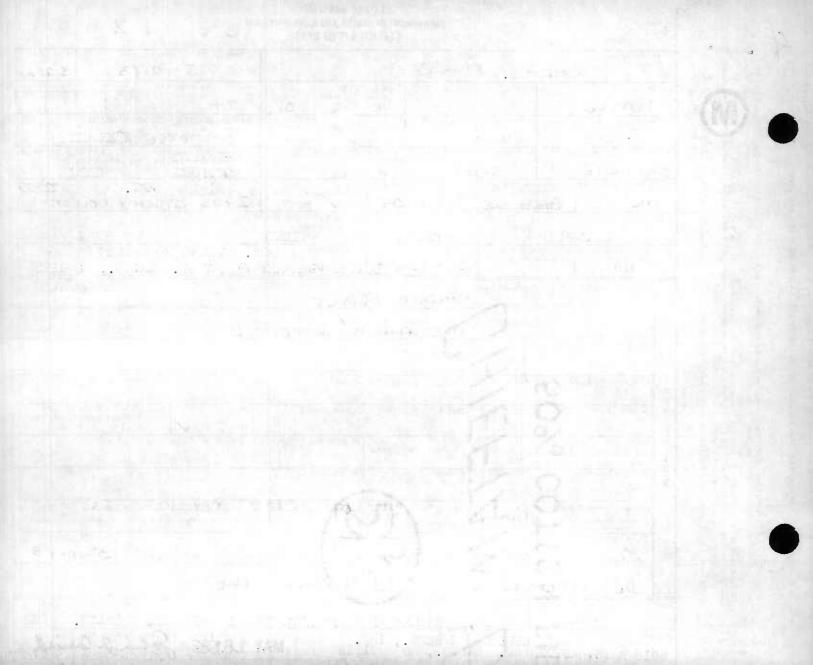


(VRA 15, 4)

STATE OF MARYLAND



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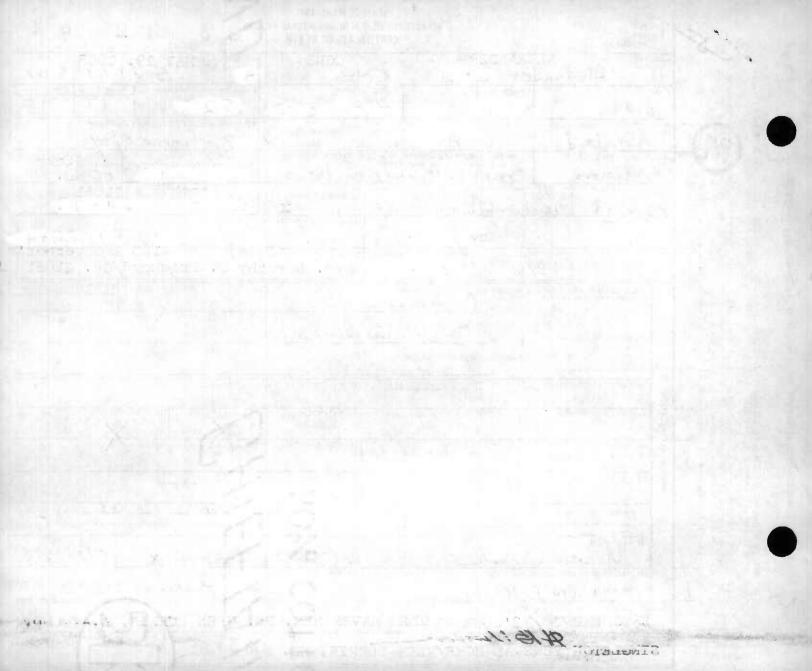
SINGLETON FUNERAL HOME GLEN BURNIE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINTS 735 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR BIRTHPLACE (STATE OR FOREIGN 6 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY Maryland U.S.A. DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME 12b. KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 136 COUNTY 4 FATHER'S NAME MIDDLE a LST MIDDLE Washington George 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Rosie Cole 902 Seagull Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, 161, and 16
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Conditions, if ony, which gave rise to immediate cause (a), stating the A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from. saw the deceased glive an obave, (If Iwe) (did (did nat) view the bady after death. and that in (my) (aur) opinian death accurred an the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL

DHMH - 16 50M 1/81 (VRA 15, 4)

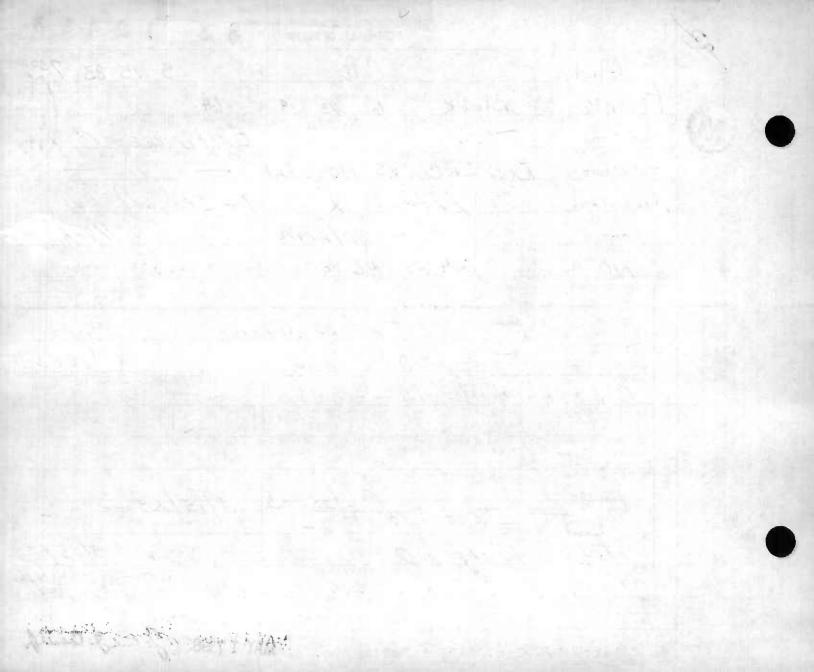
24 FUNERAL DIRECTOR

C March F/H Inc. 1101 E North Ave.

5/20 /83

Randallstown King MEmorial Pk.

Md



BP.

DHMH - 16 50M 4/82

(VRA 15, 4)

HUBBARD FUNERAL HOME,

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STATE	OF I	AARY	LAN	D

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S S	G. NO.	1 2	des	6	d
EOEDEAL	ILI MONTH	DAY	YEAR	21. 11	OLID

1-	FOR STATE REGISTRAR		DEFARIA		EALTH AND MENTAL HYG ICATE OF DEATH	8 S REG. N		2 4	0 %
	CEASED NAME FIRST	,	MIDDLE	L/	AST		MONTH DA	AY YEAR	2b HOUR
(TYPE	GRACI	r :	Κ.	C	OLE		5-19	7-83	118
3. SEX		4 RACE	N.	5. DATE O		6. AGE (IN YEARS LAST 8)	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
	FEMALE	MH	ITE	10	15 1891	9		ONTHS DAYS	HOURS M
	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.		9. BALTIMORE CITY	TRU.	OF DEATH	
	MARYLAND	11	S.A.	WIDOWE	D NEVER MARRIED	BALTIMO	E CITY	7	
_	ITY OR TOWN OF DEATH				R OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KIND O	F 8USINESS
	DATE THODE		ODE CTTV		T A T	BOOKKEEP			ING C
	BALT IMORE AL RESIDENCE (IF NURSING HOME O		ORE CITY GIVE RESIDENCE BEFORE		IAL	DOORREEL	SK .	LIKIMI	ING C
13a. S	STATE 136 COU	NTY	13c. CITY OR TOW	'N	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	איזוי א זויי	מווד סו	220
	MARYLAND		BALTIMOR	(E	YES NO 15 MOTHER'S MAIDEN NA	804 WALN	OI AVEN	NUE, ZI	.229
14. FA	FIRST	WIDDLE	LAST		FIRST	MIDDLE		CDTUUI	TOTT
	JOHN_		WALLACE		MINNIE	ADDR	Ec c	GRAFFI	TH
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU	RIIY NO.	17 INFORMANT				
	NO		218-28-	-0986	FRANCES SHOO	KEY 7033	DUNBAR	ROAD,	
	18 CAUSE OF DEATH (Enter of	inly one cause per	line for (a), (b), and	d (c). i		77.2-10.50	- 1,19 X	BETWEEN	MATE INTERVAL ONȘET AND DE
	PART I. DEATH WAS CAUS	ED BY:	respirator	re an	est			5	min
	Conditions, if ony, which gove rise to immediate	(b)	paine b Conseque	0 0380	mation pore	upnen 1 B		10	day
NO		(b)	PARIMA LI RAS A CONSEQUE SUB - CAC	ence of achmi	ord hemoreh	A 4 C.	NDITION GIVE	G G	day s
IFICATION	gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, O	PARE LI	ENCE OF ALL BUT	ord hemoreh	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	IGS USED
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF CONDITIONS CONDITI	R AS A CONSEQUE Sub - CAS DITION FOR WHICH	ENCE OF CLANS	vid hemorih	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DIGITAL EXAMINITY MEDICAL EXAMINITY MEDICAL EXAMINITY OF COURRED	(b)	R AS A CONSEQUE SUB - CIL DITION FOR WHICH IF INJURY M. MONTH DA M.	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES	IGS USED OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIMER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED AT WORK 22a. I certify that the bose saw the decease alive of above (1) well (did) (did not on the decease alive of above (1) well (did) (did not on the decease alive of above (1) well (did) (did not on the decease alive of above (1)) well (did) (did not on the decease alive of above (1)) well (did) (did not on the decease alive of above (1)) well (did) (did not on the decease alive of above (1)) well (did) (did)	(b) DUE TO, OLD TO, OL	R AS A CONSEQUE SUB-CAN DITION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F	OPERATION AY YEAR 19 PARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET and that in find (our) opinion	200 AUTOPSY? YES NO CONTROL NO CONTROL CONTRO	20% IF YES, IN CERTIFY YES DRY IN HEM 18 PAI	WERE FIND IN ING CAUSES INT I OR PART 2) COUNTY and from the	STAI
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIGITAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DIGITAL EXAMINATION OF CONTRIBUTION OF COURTED WHILE AT WORK 22a. I certify that Other has saw the decease a dive or above (II) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CO 19b. CONDIT	R AS A CONSEQUE SUB-CAN DITION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 10d that in min (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONTROL NO CONTROL CONTRO	20% IF YES, IN CERTIFY YES DWN DWN dote ond hour	WERE FIND IN TIME CAUSES COUNTY 9 ond from the 22c. DATE	STAT
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIMER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED AT WORK 22a. I certify that the bose saw the decease alive of above (1) well (did) (did not on the decease alive of above (1) well (did) (did not on the decease alive of above (1) well (did) (did not on the decease alive of above (1)) well (did) (did not on the decease alive of above (1)) well (did) (did not on the decease alive of above (1)) well (did) (did not on the decease alive of above (1)) well (did) (did)	CONDITIONS CO 19b. CONDIT	R AS A CONSEQUE SUB-CAN DITION FOR WHICH ITION FOR WHICH M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F G deceased from 19 office death.	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19 10 that in min (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO COMPANY CITY OR TO COMPANY death occurred on the company MEDICAL STA	20% IF YES, IN CERTIFY YES DWN DWN dote ond hour	WERE FIND IN TIME CAUSES COUNTY 9 ond from the 22c. DATE	NGS USED OF DEATH? NO STAT
MEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIGITAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DIGITAL EXAMINATION OF CONTRIBUTION OF COURTED WHILE AT WORK 22a. I certify that Other has saw the decease a dive or above (II) (we) (did) (did in 22b. SIGNATURE	DUE TO, OF PRINT) (b) (c) (c) (c) (d) (e) (e) (e) (e) (e) (e) (e	R AS A CONSEQUE Sub - CAN DITION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH DA OF INJURY OF INJURY REET, FACTORY, OFFICE, F Gedecased from _ MICHIBARY Other death.	OPERATION OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 10d that in min (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO COMPANY CITY OR TO COMPANY death occurred on the company MEDICAL STA	20b. IF YES, IN CERTIFY YES DWN JOYN 11 OTE M 18 PAI	WERE FINDING CAUSES COUNTY 9 22c. DATE	STAT

4107 WILKENS AVE.

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FOR

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REGISTRAR

BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED. DIRECTOR PHYSICIAN MPORT 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTH

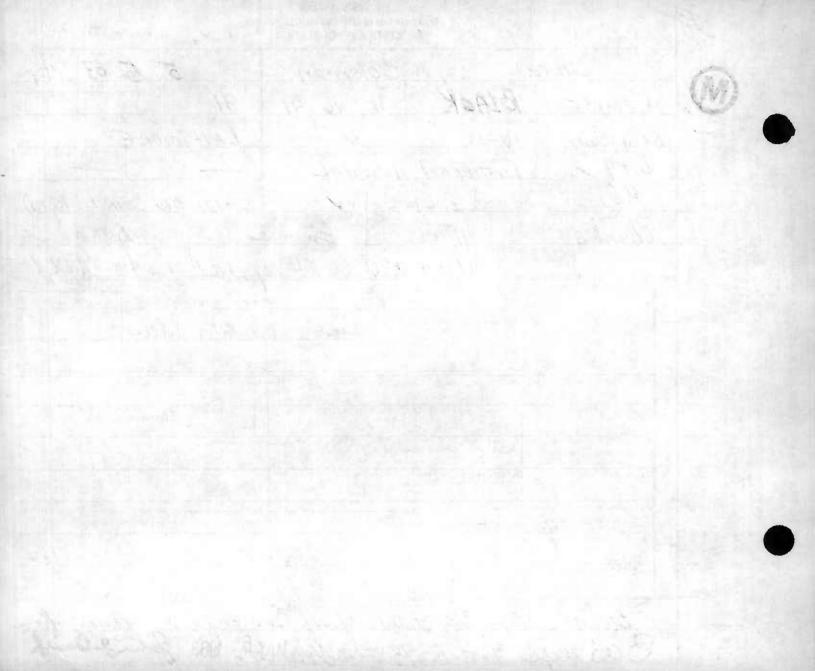
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HOURS

12h KIND OF BUSINESS OR

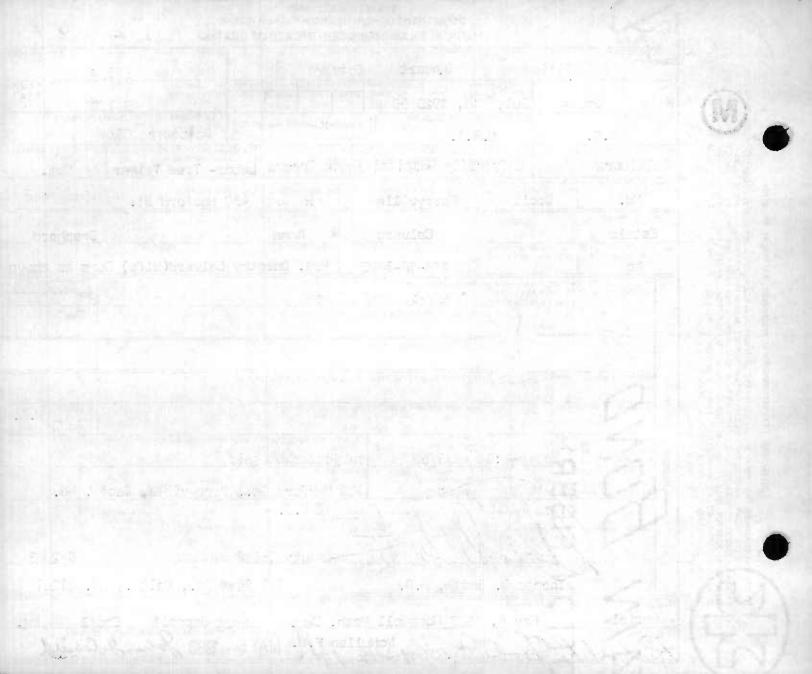
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		FOR			STA DEPARTMENT OF		ARYLAND AND MENTAL	HYGIENE	-,	1 0	4 6	7
- 1		REGISTRAR		MEI	DICAL EXAMIN	NER'S C	ERTIFICATE	OF DEAT	Hů REG.	NO.	e4 0	1
T		EASED NAME	FIRST		WIDDLE		LAST	2a.	OF ESTI-	нтиом 🚺	DAY YEAR	26 HOUR
			Willia		Robert		vard		DEATH MATED	□ 5/1	/83 19	M
п	sex Ma.	Le Wh	ite		/	PAYI MONTH		MIN PR	DATE ONOUNCED DEAD	5/1.	/83 19	P M
J		RTHPLACE (STATE O	R	7b. CITIZEN OF WI		8. MARRI	ED NEVER MAR	RRIED . 9.1	BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
2		N.C.		U.S.		WIDOW			Baltimo			MD.
3	Ba	TOWN OF DI 1timore		Universi	PITAL, NURSING HOM CUITY GIVE STREET ADDRESS! TY HOSPITA	1 Sho			OCCUPATION (TOF WORKING LIFE) TIEE T		126 KIND OF B OR INDUST	TRY
	JSUA 6. S1		ISL COUNT	Y	Perryville		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗆	13e. STREET	ADDRESS Harford	St.	2190	23
Ī		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
1		stele			Colvaro		Anna				Shephe	rd
1	6a. W	AS DECEASED EVE	R IN U.S. ARM	VAR OR DATES)	166. SOCIAL SECURI		17. INFORMANT		ADDR			
=		No			218-18-38	305	Mrs. Dor	othy Co	olvard(W	life) S		above
ı		PART I DEATH	ATH (Enter anly WAS CAUSED	mv/	for (a), (b), and (c).)	~ d ~ £	boad				APPROXIMAT BETWEEN ONS	ET AND DEATH
		9527	IMMEDIATE	CHOOL (0)	Sunshot wou as a consequence		neau					
		Canditians, if		DOE TO, OK	AS A CONSEQUENCE	OF						
		gave rise to cause (a) stati		(b)	AS A CONSEQUENCE	OF						
1		lying cause las		(3)	710710011020021102	0.						
7	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO OEATH	BUT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN I	PART 1 (a).				
1	MEDICAL CERTIFICATION	19a. DATE OF OPE	RATION	19h CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	? 0
	IFIC										YES [X	H. U.
1	CERT	210. EXTERNAL CA	USE WAS	21b. TIME OF		21c HC	OW INJURY OCCURE	RED (ENTER NATI	URE OF INJURY IN ITEM	18 PART 1 OR PAI		
1	CAL	UNDERLYING CONTRIBUTING	OR= CAUSE OF D	EATH 8:30P.M	.5/1/83 19		ject shot	self				
1	VEDI	21d INJURY OCCU	RRED	21e PLACE C		21L LO	TREET		ITY OR TOWN	COL	UNTY	STATE
1	2	AT WORK AT	T WHILE X	h	ome	428	Harford :			e, Cec	il, Md.	VIII.
		22s I centify the	rista Broo	of the remarks de	cribed about held on	Autop	X H. O. ect	ion .	Inquiry ,	and in my ap	oinian	47-10
-		death resulted frg	/// .	il courses 1	Acciphon D.	heide X	Homicide		nined manner],		
ı		(//	W	17.5	200	TITLE (SPECIFY)					
I		ACTUAL SIGNATURE	Di	reporte	Mux	M	Deputy C	hiefedica	L EXAMINER	DATE	5/2	/83
1		EXAMINER'S NAM (TYPE OR PRINT)	E Thom	as D. Smi	th M D		71	1 Donn	C+ Pa	1+0	Md 2120	21
+									St., Ba	160., 1	Mu. 2120) l
12	(5	RIAL, CREMATION ECIFY) Burial			23c. NAME OF CE			23d. LOCA		cour		TATE
		NERAL DIRECTOR	0 -	190 4, 190	B3 Hopewel:		/ 250. DATE	E REC'D. BY RE	Deposit	EGISTRAR'S S	GIL	Md.
1	9	NAME / SEA	46	ADDRESS	Kining	Mulle	77 M	AY 5	1983 /	hugh	· Carrie	2



STATE OF MARYLAND

E LLIVER BEINGE CONTIN Female Nedma Feb. 19-1954 L. H. .. N.C. 21-51 A. Falkingar City Balemone Islant Ellwood Ave. Gleak 1924K Main Balen et 1830 NE Ilwaed Aven Linwood Crueckfield Lois A. Brown NO DIS-30-6018 METVIN COLVIN CHANGERS ASKIENO AVE Sept. Co. for formal and the second District A service of the service of Busial - - 30-53 Bakinone Cnd. Bakinoper - 25 To eville & Collection State Collection

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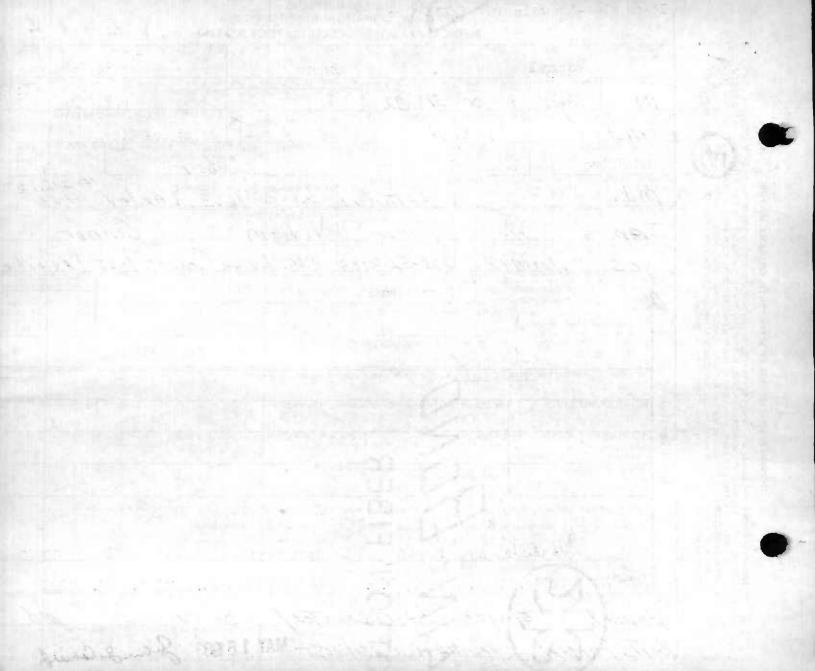
STATE OF MARYLAND

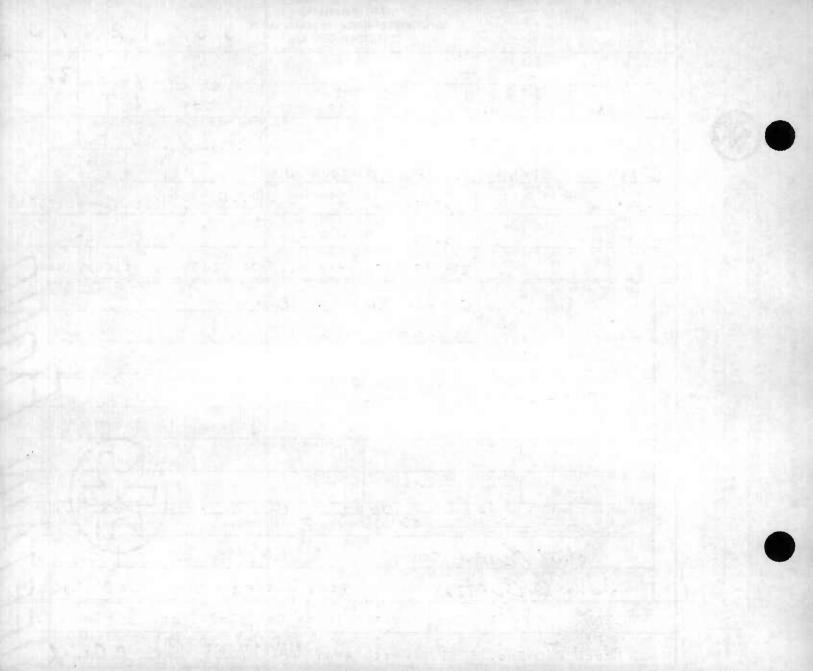
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(VRA 15, 4)

1	Items #18a-22	Film G580	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H	YGIENE	- 19	0
	- STATE REGISTRAR		EDICAL EXAMIN	ER'S CERTIFICATE O	F DEATH	0. 2 4 /	4
	(TYPE OF DRIVIT)	FIRST	MIDDLE	LAST	26. DATE KNOWN [MONTH DAY YEAR	26. HOUR
FILES. FI		ryl	J.	Connor	OF ESTI-	5/12/839	M
STS I	SEX 4 RACE	5. DATE OF BIRTI	Y YEAR LAST BIRTHD	Y) MONTHS DAYS HOURS	24 HRS 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR	1:43
STOR STORY	BIRTHPLACE (STATE OR		0 51 32 YE			5/12/8319 OR COUNTY OF DEATH	I P M
£20	FOREIGN COUNTRY	1.	S. A.	MARRIED NEVER MARRI	ED 🔄		MD
圖了物	CITY OR TOWN OF DEATH			, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)		BUSINESS
MC.	Baltimore		FACILITY, GIVE STREET ADDRESS) Arley Avenue		LABO F		
13	SUAL RESIDENCE (IF IN MURSING 0. STATE 136.	COUNTY	13c CITY OR TOWN	4 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	1 # 21.	2/3
A 10	FATHER'S NAME			15. MOTHER'S MAIDE	NNAME	ley my	0
30	JAMES	MIDDLE	CAMPOR	VIVIAN	MIDDLE	Conner	
1 16	WAS DECEASED EVER IN L	I.S. ARMED FORCES?	166. SOCIAL SECURIT	NO. 17. INFORMANT	ADDRESS	S	1
′ <u> </u>	YES 6	110/1977	220-52-3	1983 MRS. 1/1	ViAn Connor	1665 DAK	les Are
	PART DEATH WAS	nter only ane couse per lit CAUSED BY:	ne for (a), (b), and (c).) Narcotism			APPROXIMA BETWEEN ONS	SET AND DEATH
	3049 IM	MEDIATE CAUSE (o)	OR AS A CONSEQUENCE)F			
	Canditions, if any,	which					
	gave rise to imm cause (a) stating the		OR AS A CONSEQUENCE (OF .			
	lying cause lost.	(c)					
73		OITIONS CONTRIBUTING TO DEAT	IN BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN PAR	IT 1 (a).		•
7	19a. DATE OF OPERATIO	N 19b. CONE	DITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPS	Y?
						YES [X	
4	190. DATE OF OPERATION 210. EXTERNAL CAUSE W UNDERLYING OAN CONTRIBUTING CAU 21d INJURY OCCURRED WHILE NOT WH		OF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18		
1	UNDERLYING OR CONTRIBUTING CAU	SE OF DEATH P.	M. 19		*		
	21d INJURY OCCURRED WHILE NOT WH	CYNESS A.	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211 LOCATION .	CITY OR TOWN	COUNTY	STATE
	WHILE NOT WH						
	220 I certify that I toa	k charge of the remains d		Autapsy X, Inspection	ı 🔲 . Inquiry 🔲 . ar	nd in my apinian	
	death resulted from:	Notural couses K,	Accident L., Su	cide . Homicide .	Undetermined monner,		
	ACTUAL SIGNATURE	Prontes In	e 4 day 00	M.D. Assistan	+	DATE 5/1	3/83
2 23			The state of the s	M.U. <u>Assistan</u>	MEDICAL EXAMINER	SIGNED 3/1	2/02
1	(TYPE OR PRINT)	Margarita A.	Korell, M.[DODRESS 111	Penn St., Balto	o., Md. 2120	1
23	BURIAL CREMATION, REMO	OVAL 236 DATE	23c. NAME OF CEA	NETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
2/	BURIA FUNERAL DIRECTOR	5/18/8	BAITO	cemetery	BH TO. REC'D. BY REGISTRAR 25b REG	SISTRAR'S SIGNATURE	70
· ·	Bette Cine	ADDRE	55 112GN M	MAY	161983		
1	CIIS FUNCE	111011111	110-111.	1611115	* U DO.	9.64	







FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN TO CITY OR TOWN Burial Glen Burnie, A.A., 16!May 83 Glen Haven Mem Pk 24 FUNERAL DIRECTOR Glen_Burnie, DHMH - 16 50M 4/82 Singleton Funeral Home MD. 16 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

MONTH

2b. HOUR

Appler

APPROXIMATE INTERVAL

IF UNDER) YEAR

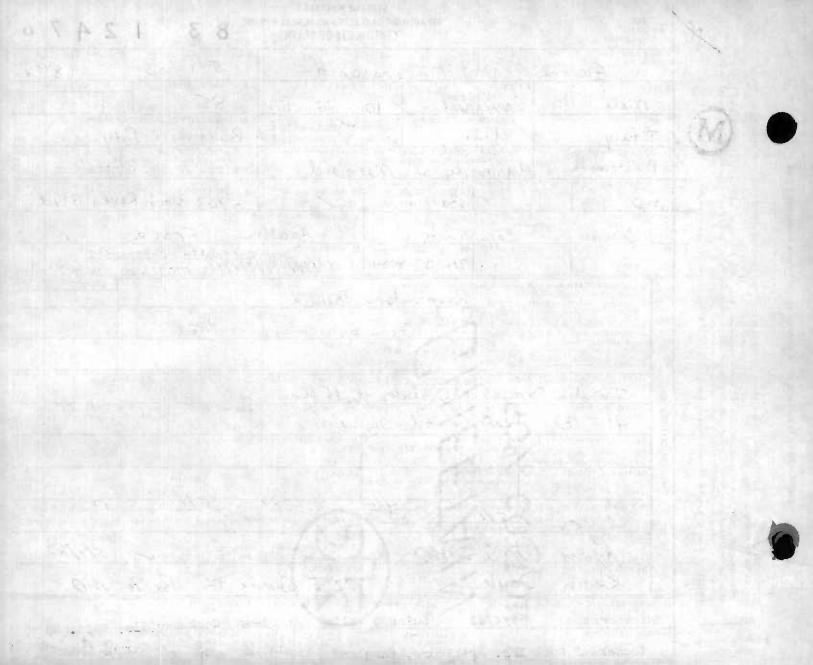
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IF UNDER 24 HRS

2n DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO. CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Ump ween nasanin 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR White MONTH male BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Raltmore Ltall WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltemore Retired Paving Contractor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) 136 COUNTY 13c CITY OR, TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore mo 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST osenh 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMAN Mrs Raffaella Corasaniti (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 74-07-4084 No 6703 Toch Raven Blvd APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cenelora vascular Accident Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Oce Lugion DIVISION OF VITAL NOF YES [NO F Hygi 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 5 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended, the deceased from sow the deceased alive an above. (1) (we) idid (did not) view the body after death. and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINTY 22e. ADDRESS ld b RUIN 23r. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION COUNTY STATE Entombment Dulaney Valley Mausoleum Cockeysville (1997) DATE REC'D. BY REGISTRAN STEER STONATOREMS 5/4/83 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

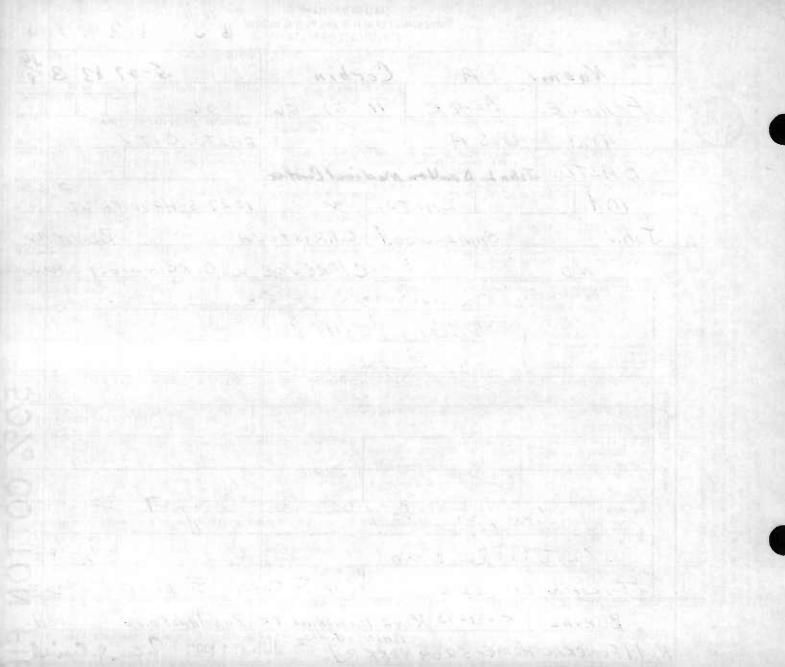


Wm C March F/H Inc. 1101 E North Ave.

(VRA 15, 4)

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1		1			STATE OF MARYLAND		
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			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4 7 7
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	moy er de	3. SE			5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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WA		V.	John	SMALLW.	ood Christi		BOWMAN
ORE,	nd comp ges 1 or		VAS DECEASED EVER IN U.S. ARMED		URITY NO. 17. INFORMANT	ADDRESS	21230
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BALTIMOR	ficate b obysicial popers. navol.		18. CAUSE OF DEATH (Enter only on	e couse per line for (a), (b), a	nd Ic	N.C.	APPROXIMATE INTERVAL ARTWEEN CHIEFT AND DEATH
1	4 0000		PART I. DEATH WAS CAUSED BY:	All the send of the	respiratory:	failure I les	ast beock
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PRESTON	e death contraction may corbin or froumatic		Conditions, if any, which	10) deelt	se CUAIS		
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DIVISION OF VITAL RECORDS,	low re frmit. I prior	CERTIFICATION	HE DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	78a AUTOPSY® 28a IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATHY
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	7 0 0 0 0 0		above, (I) (we) (did) (did not) view	w the body after death.	and that in (my) (our) opinion	on death occurred on the date and I	nour and from the causes stated
	P P P P P P P P P P P P P P P P P P P		22% SIGNATURE	-60	DEGREE	7	22c DATE SIGNED
	-14 120 -		Deliant	W Read 1	1. D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/27/83
	- 0 11 0 0 2 11		ME PHYSICIAN'S NAME (TYPE OR PRIN	τ)	22e ADDRESS		
			JULIAN L	U REED	H11>, C	HAS, STIBA.	43, Me423x
	O 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	23a. I	URIAL, CREMATION, REMOVAL 23	DATE 23c.	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTRY
	BP		BURIAL	5-31-83 K		K. RANCIANSTON	
	DHMH - 16 50M 4/82	24. FI	INERAL DIRECTOR	ADDRESS	13 A1TO. md. 212,2 250. D	ATE REC'D. BY REGISTRAR 756. REG	ISTRAR'S SIGNATURE
	(VRA 15, 4)	Ko	dd FUNERAL HO	me-5209	YORK Rd.	UN U 1 1983 X	hings towerf



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

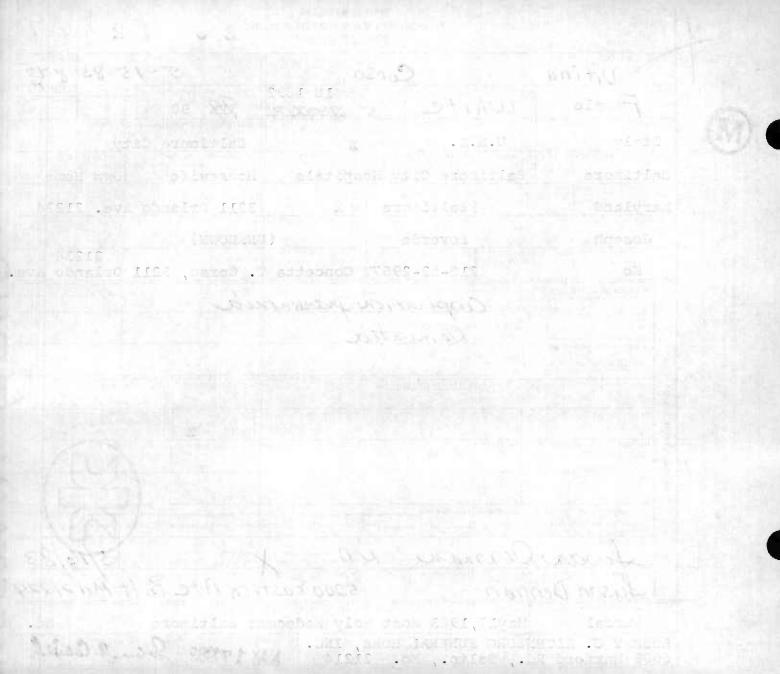
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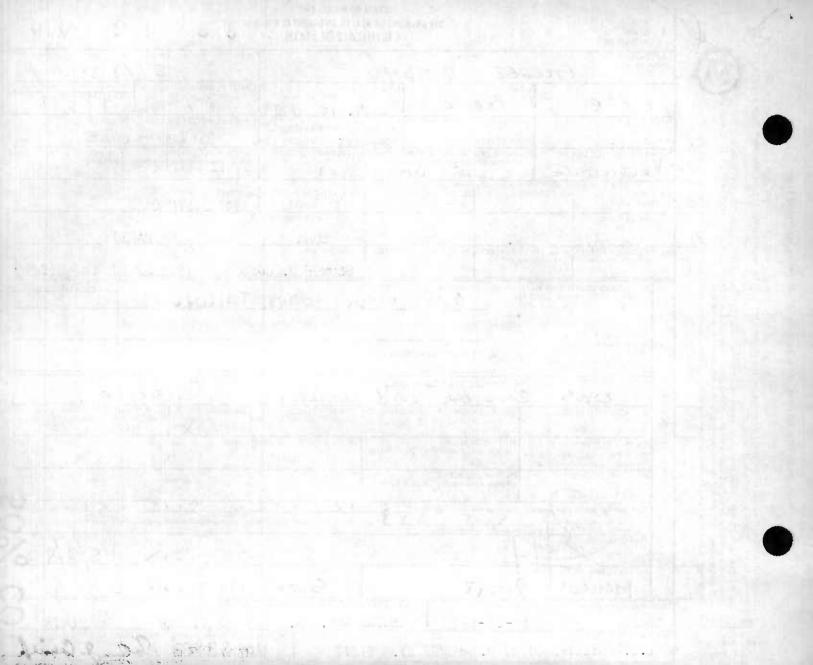
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1	100	RTHPLACE STATE OR FOREIGN	V.S.	78		EVER MARRIED	9 BALTIMORE CITY			
7	10. CI	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HO I FACILITY, GIVE STREET ADDRES ROTE City	S)		Baltimo 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Housewif	ION OF WORKING LIFE	12h KIND OF INDUSTRY	BUSINESS OR
5	Usu	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION,		13d. IN:	SIDE CITY LIMITS?	13e STREET ADDRESS 3211 Or1		Own H Ave. 2	
0	14. FA	Joseph	WIDDLE	Loverde	15 MO	THER'S MAIDEN NA			LAST	
1		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YI	ES. GIVE WAR OR DATES)	166 SOCIAL SECURITY N		ormani oncetta '	ADDR		212 Orlan	34 do Ave.
	Z	Conditions, if ony, whice gave rise to immediol cause late to indicate the underlying cause los	ch (b) DUE TO, OR (c)	AS A CONSEQUENCE	tia OF	LATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART 11a	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS	PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES O	
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTHY MEDICAL EXA 21d INJURY OCCURRED NOT WHILE AT WORK	OF DEATH AMINER) P.A 21e PLACE C (AT HOME STRE	M. MONTH DAY Y	19 21f LC	OCATION STREET	CITY OR TO	RY IN ITEM IB. PAR		STATE
		220.1 certify that (1) (this sow the deceosed alia abave, (1) (we) (did) (d 22b. SIGNATURE			_, and that i		, to death occurred an the d			
-	1	Susan D	Vennan	nan	14-D	ATTENDING PHYSICIAN DORESS	PORECTOR PHYSIC	IAN []	15/10 + Md	0/83
	23a B	BURIAL, CREMATION, REMO		,1983 Mos		Y OR CREMATORY Redeem	er Baltim	ore	COUNTY	ма.

PROBERTECE. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

DHMH - 16 50M 1/81 (VRA 15, 4)



V .	V			STAT	E OF MARYLAND		
A	1	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	SIENE 8 3	12480
10		CEASED NAME FIRST	MIDDLE		AST		NTH DAY YEAR 26 HOUR
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83		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED DEDINOX X DIVORCED	9. BALTIMORE CITY OR C	TALGAS MA
notified 7	10. C	HUTTUENE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GR	NURSING HOME		120. USUAL OCCUPATION	
26		AL RESIDENCE (IF NURSING HOME OF A 13b. COL	OR OTHER INSTITUTION, GIVE RESIDEN JNTY 13 BATT F	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1903 SCUTH	FOAD 2170
Sur C	14. F.	ATHER'S NAME FIRST	MIDDLE L.	AST	15. MOTHER'S MAIDEN NA	ME	1AST
4		COLEMAN		SBY	EDNA		PARSON
The state of the s		WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRESS	
1		NO NO	SITE WAR OR DATES)		GEORGE O. CO	OSBY 1902	SOUTH ROAD 21209
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a),	(b), and (c'.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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o Kolii		PART 2. OTHER SIGNIFICANT	(c)	NG TO DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CONDIT	ON GIVEN IN PART 1/D)
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9	SE SE	21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
1	S	OR CONTRIBUTING CAUSE OF D	CAIN .	19	2000		
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22s.1 certify that (I) (this has		from	-/2 19 8 3	, to	7, 19_83, that (1) (we) for
		saw the deceased glive of	on S-18	19 8 3,0	nd that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
		771 SIGNATURE 5	The body offer death		DEGREE		27L DATESIGNED
		1 / 9	11		ATTENDING PHYSICIAN T	MEDICAL STAFF	5/8/83
1		274 PHYSIC MANE TO AME I THE	Da Feider	-	22e. ADDRESS	_ DMCCTOK	2 1 3/3/3
		MARCOS	POFFE		STION:	HOSDIPA	16
	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	_	URIAL	5-24-83	ARBUTU	S MEM. PK.	BALTIMORE	MARYLAND
	24. F	UNERAL DIRECTOR	1701 11 11211	PDRESS OF		LAV O 7 4000	REC STRAR'S SIGNATURE
		E. L. PHILLIPS	1721 N. MONRE	E SI. 2	1217	MAY 231983	som & which



FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

21215 2503 Violet Ave. Apt.1211 ADDRESS Apt. 214-12-9955A Louise Woolford 2503 Violet Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Carcinoma of the Lung with extensive metastases. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE 19 83, and that in (ngr) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 5/16/83 c/o Maruland General Hospital , o'D'uos BURIAL 5/20/83 Mount Calvary Cem. Baltimore 24. FUNERAL DIRECTOR C March F/H Inc. 1101 E North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REG. NO

MONTH

2b. HOUR

7:00a

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

2n DATE OF DEATH

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MIDDLE

FOR

REGISTRAR

DECEASED NAME

FIRST

- STATE

TYPE OR PRINTS

1214 Eutaw Place 21217 Purnel1 1001 St. Paul St. Mrs. Madeline Fitzgerald Balto., Md. 21202 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Carcinoma of the Prostate with metasteses to the BONE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in May) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED 5/23/83 DIRECTOR PHYSICIAN Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN COUNTY STATE 5/25/83 Removal 259. DATE REC'D. BY REGISTRAR 250 TEGISTRAR'S SIGNATURE, 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 ADDRESS Anatomy Board (VRA 15, 4) Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

12h, KIND OF BUSINESS OR

Self-employed

20. DATE OF DEATH MONTH

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

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REGISTRAR

24. FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

DHMH - 16 50M 4/B2

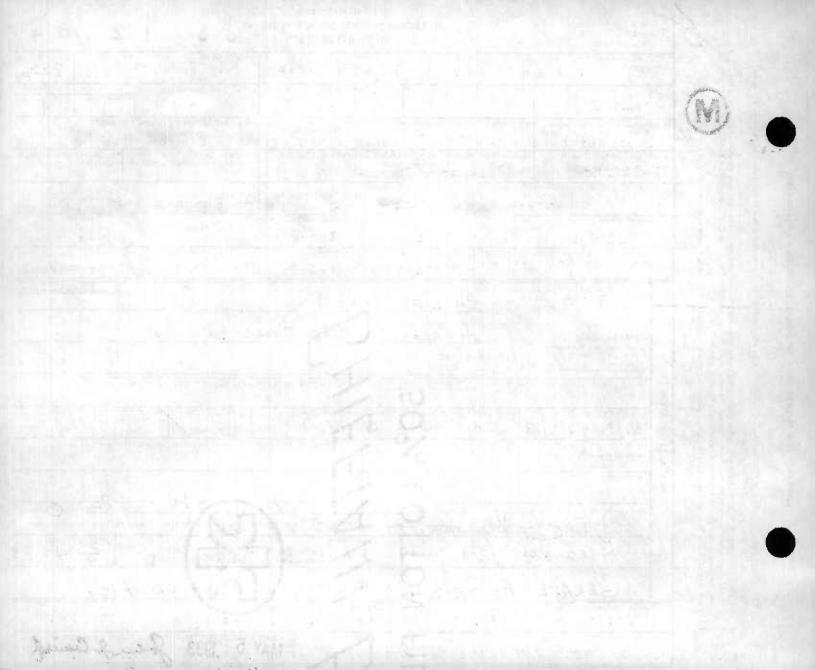
(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

ONNELLY

	1-	FOR STATE REGISTRAR	DEP	STATE OF MA ARTMENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8 3	0.	2 4 8 7	
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00		THER'S NAME geneFIRST	MIDDLE Bagley		THER'S MAIDEN N. TRI	MIDDLE	Crawl	e y	
medical		(AS DECEASED EVER IN U.S. AF ES, NO. OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL VE WAR OR DATES)		ormant rie Holme	ADDRI S 2923 Walbi		e. 21216	
ta buriol, cremotian, or removol. njury, or other traumatic event, th	No	Conditions, if ony, which gove rise to immediate couse Iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	madh ;	Melwelitim MINAL DISEASE OR CON	IDITION GIVEN	IN PART No	
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marked or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		CATION STREET	CITY OR TO)WH	COUNTY STATE	
ept. af Heolt Item 21 is ma		220.1 certify that if (this hosp saw the deceased alive or above (1) (wo (did) (did or 22b. SIGNATURE	5 0	00	n(m) (our) opinior	to 5 9	ote and hour o	nd from the couses stated 121c. DATE SIGNED	st
with the State De		22d. PHYSICIAN'S NAME (TYPE	DR PRINT)	22e. Al	ATTENDING PHYSICIAN DDRESS	MEDICAL STA	FF CIAN 20	5/9/83	
IMPC	23a B	URIAL, CREMATION, REMOVAL		23c NAME OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY STATE	-
		SPECIFY Burial	5/14/83	King Mem. F	K	Pa7+0		JIAIE	

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

LEORY O, DYETT 4600 LIBERTY HGTS. AVE.

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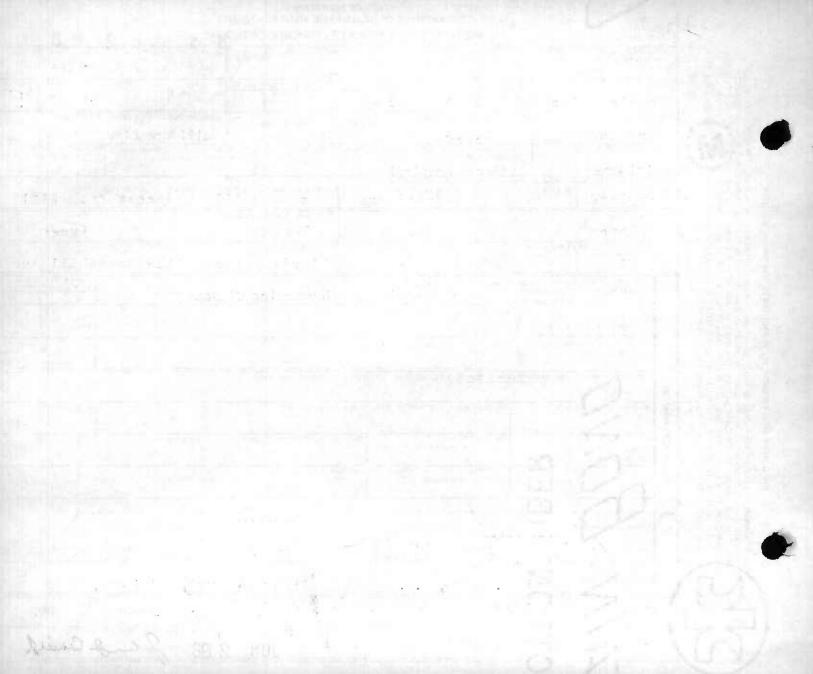
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(VRA 15, 4)

STATE OF MARYLAND

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	REGISTRAR DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR
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3.	SEX 4. RACE S. DATE OF BIRTH S. DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 1 YEAR MONTHS DAYS HOURS IN
oi- 70	B. BIRTHPLACE JSTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8.
35	COUNTING USA MARRIED NEVER MARRIED DINORCED DINORCED
Poff 10	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 128. KIND OF BUSINESS. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY, LEAR
	ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE, RESIDENCE BEFORE ADMISSION)
100	MC - MICO YES NO - UST INVUSABINE
Xomino X	FATHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME MIDDLE LINE OF PE
0.000	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ##/
medico	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-05-1060 Mrs. Janet V. Longo, Mr. Vernon L. (ross, Same
ewayol.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) CEREBRO VASCULAR A CLUBENT
other troumotic	Conditions, if ony, which (b)
er troum	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
or othe	underlying couse lost. (c)
χ ο	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
ony in	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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vento i	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
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Health is mark	22s I certify that II (this haspital) organized, the decepting from 574/83 19 , to 1/1 8319 that (I) (we)
21 is	saw the deceased rive on 19 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated
tem tem	121 Start Start DATE (did not) view the body of ter denth. DEGREE / 21c DATE (GNED)
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
with the Stote I	THE PHYSICIAN SNAME (TYPE OR PRINT)
MPORTANT	THE GOD SIVA 3001 S. HANDVER ST. BRUTT
2	38. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION 236. LOCATION Burial May 14, 1983 Holy (ross Cemetery Baltimore, COMPTY Land STATE
2	4 FUNERAL DIRECTOR 21 220 DATE REC'D. BY REGISTRARISS SIGNATURE
4/82	Mc Willy Funeral Home, 130 E. Fort Ive. Balto. The. MAY 1 2 198?

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Mitchell-Wiedefeld Home 6500 York Rd 21212

DHMH - 16 50M 4/B2

(VRA 15, 4)

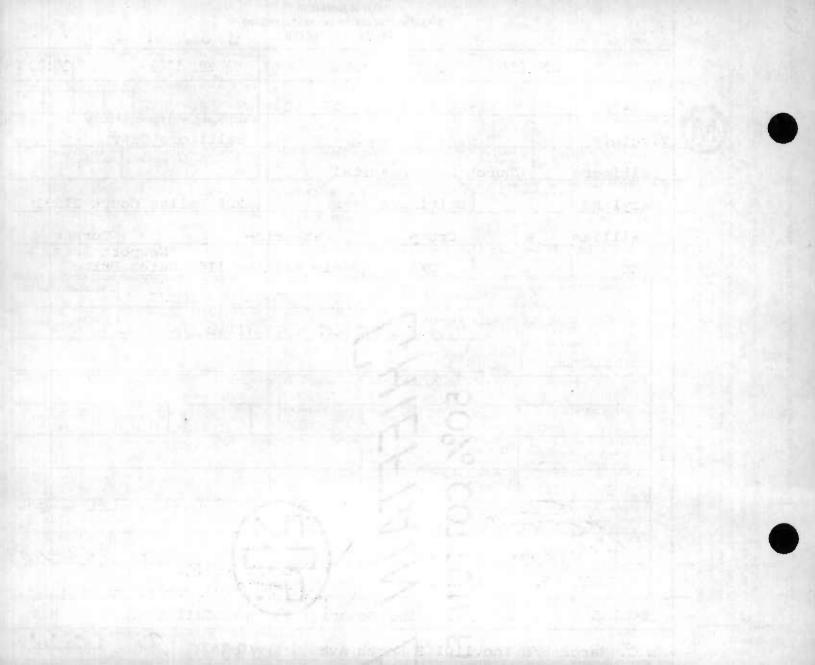
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FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

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	CERT	IFIC	ATE C	F DEA	HTA	

	STATE REGISTRAR			DET ARTI		ICATE OF		8	3 REG. NO.	1	2 4	9 3	
	1. DECEASED NAME	FIRST		MIDDLE	l	AST		2a. DATE	OF DEATH MON	TH D	AY YEAR	2b. HOUR	
	(TYPE OR PRINT)	EXIZ	4	M.	cu	LVER			5/26/83	3		400	A M
	3. SEX		4. RACE		S. DATE C	F BIRTH		6. AGE (1	N YEARS LAST BIRTHDAY		IF UNDER 1 YEAR	IF UNDER 24 H	RS
	Male		White		July		1912	70		YRS.	ONTHS DAYS	HOURS	iN,
uni	To. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	AARDIED 🗍	9. BALTIN	ORE CITY OR CO	YTAUC	OF DEATH		
)	Maryland	55.1	U.S.A		WIDOWE		VORCED	Ba	ltimore	Citu	7		MD
7	10. CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a. USUA	LOCCUPATION		126. KIND C	F BUSINESS	OR
	Baltimore			Hospital	ADDRESS)			Labo	ORK FOR MOST OF WOR	KING LIFE		. Citu	,
d	USUAL RESIDENCE (IFN	13b. COU		GIVE RESIDENCE BEFORE		1 13d. INSIDE C	TITY HALLES	112. STOCE	T ADDRESS				
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6	14. FATHER'S NAME			2 2 1 1 1 1		15. MOTHER	S MAIDEN NA	ME					
	Unknown	2	WIDDLE	LAST		A	melia		MIDDLE		Unkn		
	160. WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17. INFORMA	INI		RD2DBox	450			

Yes	WW II	215-01-7673	Carol Anne	Stamer	Glen Rock,	Pa.
0.001.00.71111	H (Enter only one cause per 'AS CAUSED BY: IMMEDIATE CAUSE (a)	VENTILICLLU				APPROXIMATE INTERVA BETWEEN ONSET AND DE
Canditians, if any	which (b)_	RAS A CONSEQUENCE OF	ARBIAC DI	SEASE		
gove rise ta imi cause (a), statir underlying cause		R AS A CONSEQUENCE OF	•			
PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO TH	E TERMINAL DISE	ASE OR CONDITION GIV	/EN IN PART 11a

2	19a. DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I
				YES NO	YES N
4	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF	NJURY IN ITEM 18 PART I OR PART 21

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION

COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 83 saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MARGARET KEELER, M.D. MENCY HOSPITAL, 301 ST PAUL PL, BALTINLONE

23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 21203 STATE CITY OR TOWN Burial May 28,1983 Baltimore Holy Redeemer

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health or

MPORTANT.

24 FUNERAL DIRECTOR

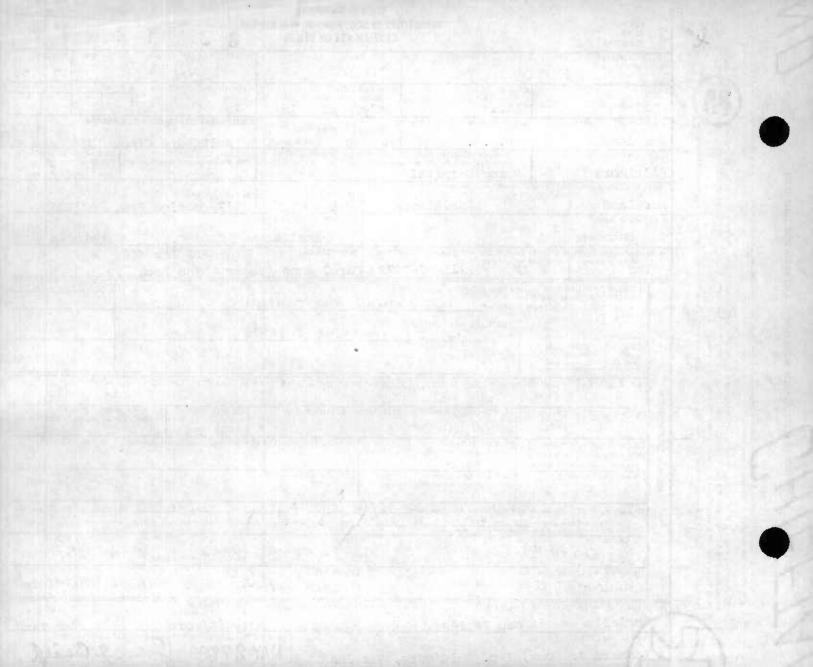
22b. SIGNATURE

Leonard J. Ruck, Inc. Baltimore, Maruland

BY REGISTRAR 25 PEGISTRAR'S SIGNATURE

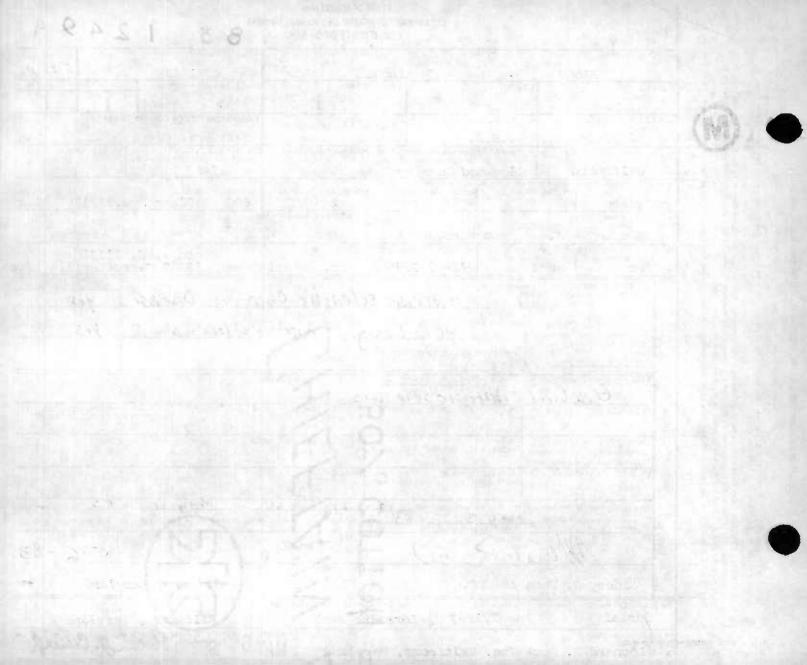
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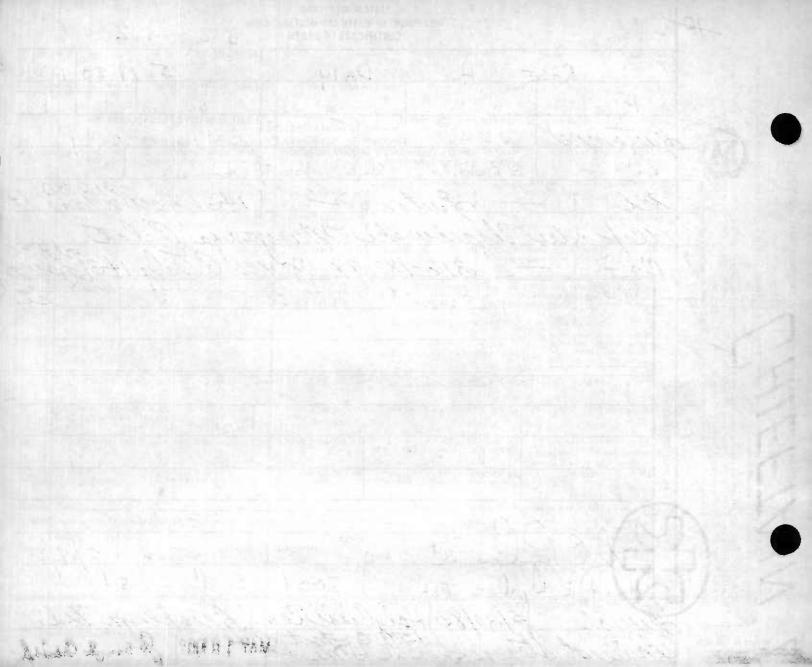
(VRA 15, 4)

STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 28. DATE OF DEATH MONTH (TYPE OR PRINT) DELOIS DAUGHETY MAY 3, 1983 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX YEAR EMPAR TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? A. BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED BALTIMORE CITY WIDOWED 10. CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS BALTIMORE HOSPITAL TUMENSMIKE USUAL RESIDENCE (IF NURS) OF THE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION U. COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS STAFFURD KUAN 21229 YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT medico (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Nirsh AURA BREWES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY ACIDOSIS Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse MPOUENTILATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION SARCOINASIS prior 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES 🗌 NOL YES [NO [21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21s. PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. 83 saw the deceased alive an 5/3
obave, (I) (we) (did) (did not) view the bady after death , and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED William Balle ATTENDING MEDICAL STAFF MO 5/3/83 should be deta with the State [DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS WILLIAM BALKE JOHNS HOPKINS MOSPITAL BALT. MO. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION EXRY GREVE BP. MURIAL 250. DATE REC'D, BY REGISTRAR 254 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 2222 WARTH AU (VRA 15, 4)

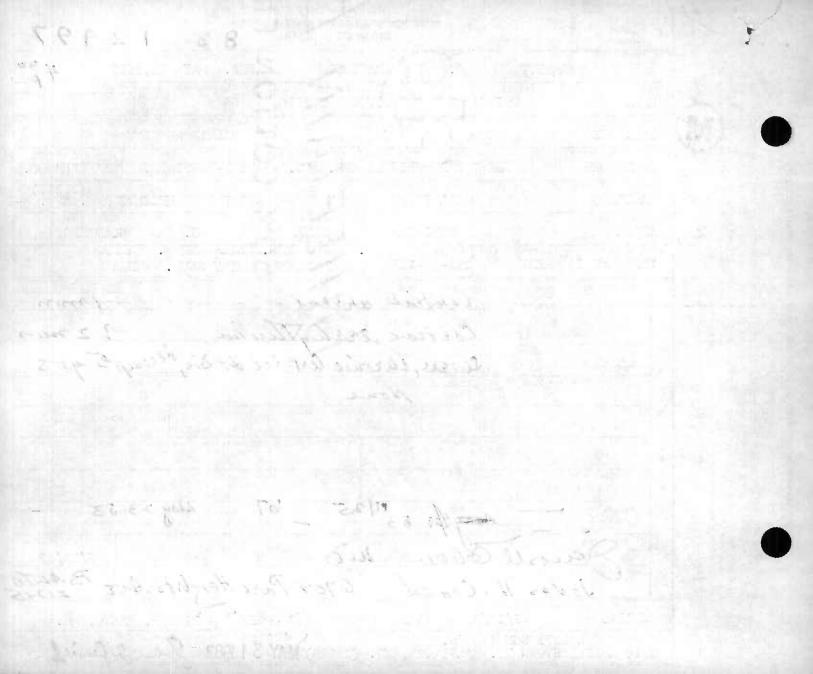
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	ZEG. NO). I	2 4	97	
1		OR PRINT) BARNET	ГТ	D.		VIDSON	SUN.	MAY	22,19	NAY YEAR	26 HOUR	
1	1	IALE	4. RACE WHITE		5. DATE O	OBER ^{DA} 2,1896	6 AGE (III	N YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 14 HRS	_
	Í	RTHPLACE (STATE OR FOREIGN	USA		WIDOW		BAI	ORE CITY O	CITY		MI	D.
1	△ B	ALTIMORE	(IF NOT IN OUT	PARK HE	rghts	AVE. APT.A-1		PRESTI			FER CO.	
)	13a N	AL RESIDENCE (IF NURSING HOME OR TATE IARYLAND		BALTIMO		13d. INSIDE CITY LIMITS? YES [] NO []		PARKS I	HE I GHT	'S AVE.	(21215) APT. A	-:
	I	SAAC	MIDDLE	DAVIDS		15. MOTHER'S MAIDEN NAM		MGDLE.		GOLDBÉ	ŔG	
		AS DECEASED EVER IN U.S. AR	MED FORCES? AY AR OR DATES)	166. SOCIAL SECU 212-09-11		2207 CROSS CO			-	HMAN 1209		
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1	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AU	TOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?	_
1	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHIE NOT WHIE ALWORK ALWORK	HOUR A. P. 21e. PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19	21c. HOW INJURY OCCURR 211. LOCATION STREET	RED (ENTER)	NATURE OF INJUR	Y IN ITEM 18 PA	COUNTY	STATE	
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	(urial, cremation, removal BURIAL	23b. DATE 5/25/8	33 ANS		EMETERY OF CREMATORY MUNAH AITZ CHA				ALTO,		2
	24 FU	NERAL DIRECTOL LEVINO OTO REISTERSTON	NSON & I	BROS. ADDRESS BALTIMORE,	MD.	20 0 0 0 0 0	3 1 198	REGISTRAP	Vb. REGISTR	g. Com	TURE	

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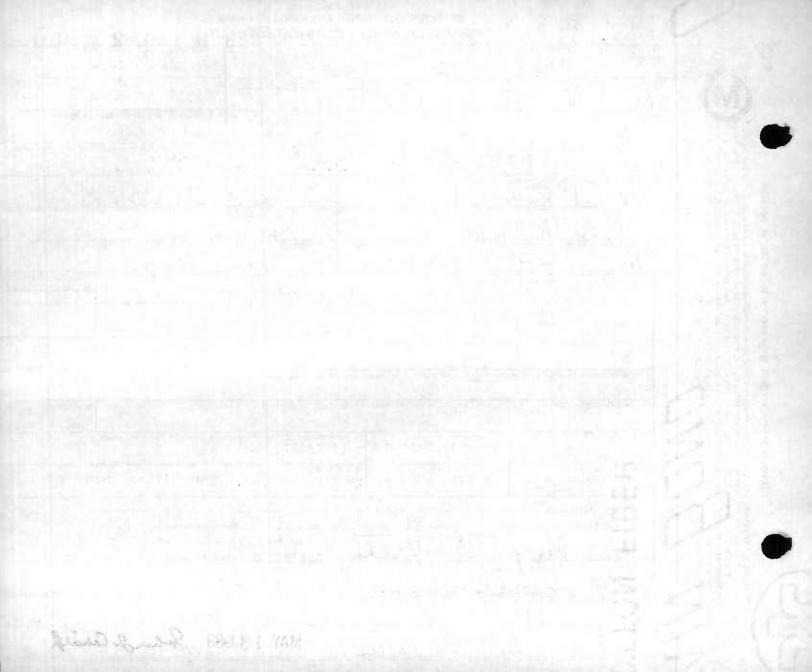


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	OR TATE	DEPARTA	MENT OF HEALTH A		GIENE			40
	EGISTRAR		CERTIFICATE	OF DEATH	8 SREG. NO	b. 2	2 44	98
1. DECE	ASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
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3. SEX	1	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	(HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
-	MALE	White	MONTH C	3 23	10	O YRS.	INTHS DAYS	HOURS MIN.
	HPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	1		9. BALTIMORE CITY O		F DEATH	
ALC: NO.	st Virginia	USA	MARRIED NE	VER MARRIED		more Ci		WE
200		NAME OF HOSPITAL, NURSIN		INSTITUTION	120. USUAL OCCUPATION	ON F WORKING LIFE)	15P KIND OL	BUSINESS OR
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3/		imore Essex	YES [IDE CITY LIMITS?	134 Pace	Ave. 2	1221	
	IER'S NAME			HER'S MAIDEN NA				
200		H. Davis		Ginny	Blevins		LAST	
	S DECEASED EVER IN U.S. ARME		RITY NO. 17. INFO	DRMANT	ADDRE	SS		
Ye		216 14 4	518 Ruby	A. Davi	s, Wife	Same	- 33	
# 18	CAUSE OF DEATH (Enter only	one couse per line for (o), (b), one	d (c).)		· · · · · · · · · · · · · · · · · · ·		APPROXIA BETWEEN O	MATE INTERVAL
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× / E					YES NOT	IN CERTIFYIN	NG CAUSES	OF DEATH?
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= /	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	CATION				
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21.	sow the deceased alive on obove, (I) (we) (did) (did not)	5-20 19	83 ond that in	(my) (our) opinion	death occurred on the do	te and hour o	nd from the c	ouses stated
E 22	b. SIGNATURE	new me body oner death.	DEGREE				22c. DATE S	IGNED
	P 1.			ATTENDING PHYSICIAN	MEDICAL STAF		5-21	0-83
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Id. PHYSICIAN'S NAME ITYPE OR P	R(NT)	22e. AD		DIRECTOR PATSIC	AN KO	1 3-50	1-0.3
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MPORTANT 230 BITE	ROY TEMES			SAMAILIT				
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	1000			CITIZEN OF WHAT COUNTRY!	8	9. BALTIMORE CITY OF	R COUNTY OF DEATH	7.1
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WD.	CA THE MENT	11.17	THER'S NAME FIRST MI	DIE LAST	15. MOTHER'S MAID	MIDDLE	LAST	
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- L	18 V V V		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	Curabat way	d with complica	tions	BETWEEN ONSE	ET AND DEATH
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<u>ac</u>	S. F. B. F.	13	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY	17
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۵	ARE ARE	-	AT WORK AT WORK	nome	DOID VARCANG	Na. Sykesvice	, Mary carra	
	FER. THIS CERTIFICATE SHOWER THE WORK FORWARDED TO THE CHING RECUM PRACES SHOULD BE UNDESTATE DEPARTMENT OF THE STATE OF THE ST	100			Autapsy , Inspection	V		
	A S S S E S	1	226. I certify that I took charge of	the remains described above, held an		n X , Inquiry L , and	d in my apinian	
	MER SEX	138	death resulted fram: Natural co	auses . Accident . Su	ricide XX. Homicide	Undetermined manner,		
	A WE BERK	10	1100	4 Ta 6 (11 a	7 TITLE (SPECIFY)		The latest transfer	
	AHO AE V	1	SIGNATURE MUCH	the me you	M.D. Assistar	+ MEDICAL EXAMINER	SIGNED 5-7-83	
	SE SE SE	4						
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE,	111	(TYPE OR PRINT) Margar	ita A. Korell M.D.	ADDRESS 111 F	Penn Street		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIZE AFTER DEATH, WITH THE SIZE ALTIWORE, MARYLAND, 2	72. D	URIAL CREMATION, REMOVAL 236, D		METERY OF CREMATORY			
	- m c - 4 m	130 B	SPECIF 12	-10-83 PAME OF CE	NI -110 Tile	23d. LOCATION CITY OR JOWN	2 COUNTY S	TATE
	BP	-	11-011/11-1	TORK ,	MITHODU LEN	TURK 1	J4/FO N	W
	DHMH - 17		UNERAL DIRECTOR	ADDRESS C. M. 1/	D. NAV	REC'D BY REGISTRAD TO REGIS	TRAK'S SUNATURE	
	(VR A15 ME (5))	IL	VANS TUNERALL	Inpie 8800 Hart	DIED NU WIAT	1 0 1300	- Committee	
	20M 4/82					A. A.		



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

G. NO

2a DATE OF DEATH MONTH YEAR 2b. HOUR

4	FOR STATE REGISTRAL
	1. DECEASED NA.
	3. SEX
	FEMA
м	7a. BIRTHPLACE

BEULAH 4. RACE

DEAN DATE OF BIRTH MONTH

LAST

6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH

83 IF UNDER I YEAR DAYS

IF UNDER 24 HRS

STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY) AR

MIDDLE

(IF YES, GIVE WAR OR DATES)

136 COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

FIRST

WIDOWED

MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

113d. INSIDE-CITY LIMITS?

NO

15. MOTHER'S MAIDEN NAME

BALTIMORE CITY 12n MSUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFET

13e. STREET ADDRESS

12b. KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 14. FATHER'S NAME

(YES, NO OR UNKNOWN)

BALTIMORE

10. CITY OR TOWN OF DEATH

16h. SOCIAL SECURITY NO.

Renal tailure

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

17. INFORMANT

1 wk

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which

gave rise to immediate cause (0), stating the underlying cause last. DUF TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

UNION MEMORIAL HOSPITAL

13c. CITY OR TOWN

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

200 AUTOPSY?

NOI

and that in my (our) opinion death occurred on the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

190 DATE OF OPERATION

21d. INJURY OCCURRED

71g ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive as

CERTIFICATION

MEDICAL

8

50

norked

Mental

should be determined the State

21b. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M. 19

21f LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

CITY OR TOWN COUNTY STATE

20h, IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22h, SIGNATURE

AT WORK

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 1aug

22a.1 certify that (1)(this haspital) attended the deceased from.

abave, (1) (we) Idid) (did not) view the bady after death

Union Memoria

DEGREE

22e ADDRESS

22c. DATE SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE

URIA

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL

ATTENDING

PHYSICIAN []

23d, LOC ATION CITY OR TOWN

Let ... LUBER CHARLES CARRELES FOR HANDAL ALSO BEISE LEVEL S. CAR.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR G. NO 20. DATE OF DEATH MONTH YEAR I. DECEASED NAME 2b. HOUR harles Fuller DeBow (TYPE OR PRINT) HARLEL DeBow A. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH VEAR 0 CAUCOSIAN 1921 MALC BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BOLTIMONE WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Balthmone Machinist GALT MORE GOVERN USUAL RESIDENCE (IF NURSING OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE 113d. INSIDE CITY LIMITS? 13s. STREET ADDRESS Itimore anuland mno Arunde NO N edan Hill 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE He/Sou Jaroanet doan ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO MES. NO OR UNKNOWN) Anna A. DeBow Same as #13 01 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY BARREST CARDIAC IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CONGESTIVE HEART FAILURE gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONGESTIVE CANDIOMYIPATTAY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 210 PLACE OF INJURY Or CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) orked NOT WHILE to May 22 83 March 22a.1 certify that (1) (this haspital) attended the deceased from_ May saw the deceased alive on_ and that in (my) (our) aginion death occurred on the date and hour and from the causes stated above_U-(we) (did) (did not) view the body after death THE DATE SIGNED 716 SIBNATURE DEGREE ATTENDING MEDICAL STAFF should be detained by with the State [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Heisler 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY Balto. STATE (SPECIFY) Burial edan BP. emeteru 250. BATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 nd ully Funeral Homes

· Patapsco Ave.

(VRA 15, 4)

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FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IMPORTANT: If Item 21 is morked or Item 18 shows ony

1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	SEG. NO.	1 2	3	0	5
	CEASED NAME EORPRINT)	Cathe:		Ann Densm		A51	20. DATE O	5, 1983		YEAR	26. HOU	PM
Fe	x male	4. 6	White		June	9, 1922 YEAR	6. AGE 1IN	YEARS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
	RTHPLACE (STATEORF	OREIGN 76.	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		RECITY OR COL		ATH		MD.
	ITY OR TOWN OF DEA	(TH 11.		OSPITAL, NURSING LACILITY GIVE SPEET LE		r other institution spital		OCCUPATION ELONOMORE SEW 11 E	ING LIFE) 12b.	Hoffe	F BUSINE	SSOR
130. 5	at residence (if nurs) state aryland	Balti		GIVE RESIDENCE BEFORE 13. CITY OF TOWN Middle		13d INSIDE CITY LIMITS? YES NO TO	130. 2855	Ballard	Ave.	2	1220	
14. FA	ATHER'S NAME FIRST R1	chard	P. Gr	eb LAST		15. MOTHER'S MAIDEN NA FIRST Ann		perger		LAST		
6a V	VAS DECEASED EVER	(IF YES, GIVE W		216 14 C		Churchill Der	nsore,	ADDRESS Husband	Sa	me		
NO	PART 2. OTHER SIGN	AS CAUSED B IMMEDIATE C which nediate g the last.	DUE TO, OR (b) DUE TO, OR (c)	as a conseque	NCE OF P	nary u	ona no de la	em marte elisp se or condition	ny .	± 5	MATE INTER INTER INDEX	peath levi
CERTIFICATION	190. DATE OF OPERAT		196 CONDI	_	OPERATIO	N WAS PERFORMED	200 AUTO	X NO IN C	F YES, WERI ERTIFYING YES	2AUSES		H?
MEDICAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION 21d INJURY OCCURR WHILE NOT WAS AT WOR 220.1 certify that (1) Sow the decease obove, (11 (we) (d) 226. SIGNATURE	AUSE OF DEATH ALEXAMINER) RED (this hospital) d glive on hid) (did not) vi	P.A. 218 PLACE C (AT HOME, STRI ottended the ew the body of	M. MONTH DA A: DF INJURY EET. FACTORY, OFFICE, FA e deceosed from	19 ARM, ETC)	211. LOCATION STREET 211. LOCATION STREET 19 23 d that in (my) (our) opinion DEGREE MID ATTENDING PHYSICIAN E	to deoth occurre	CITY OR TOWN	. 19 d hour ond f	DUNTY, 1	that (I) (v	
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BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

236. DATE 5/9/83

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

805 FUS EL AGE AVE Baltimore Co., Md.

250. DATE REC'D. BY REGISTRAR 256. PERISTRAR'S S Bruzdžinski Funeral Home PA 1407 Old Eastern Ave.

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DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

IF UNDER 1 YEAR

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COUNTY

22c. DATE SIGNED

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2h HOLIR (TYPE OR PRINT) HYSAN DEUBER 83 CHARLES 0.5 05 5:48 AM 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 3. SEX MONTH DAY VEAD 03 19 16 WHITE 67 MALE BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ASTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE CITY U.S.A. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ST. AGNES HOSPITAL -- E.R. TRANSPORTATION SELF-EMPLOYED BALTIMORE USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN AGENT 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS RALTIMORE MARYLAND CATONSVILLE 925 FORDWOOD COURT, 21228 YES [NO X IS MOTHER'S MAIDEN NAME I FATHER'S NAME MIDDLE FIRST MIDDLE MAISEL. CHARLES HENRY DEUBER ORA ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 21227 CHARLES H. DEUBER CIRCLE YES WW II 212-01-7016 989 STORMONT APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 101. PART I. DEATH WAS CAUSED BY CARDICIC ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF SCHEMIC HEART DISEASE Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES | NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 228.1 certify that (1) (this hospital) attended the deceased from. 85 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on To above. (1) Iwe) (did) (did not view the body after death 22t. DATE SIGNED DEGREE STAFF ATTENDING MEDIC AL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS THE JOHNS HOPKINS HOSPITAL H. FRANKLIN HERLONG, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/B2

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MPORTANT:

(VRA 15, 4)

BP CREMATION 24. FUNERAL DIRECTOR

05-06-83

LOUDON PARK

23d. LOCATION CITY OF TOWN

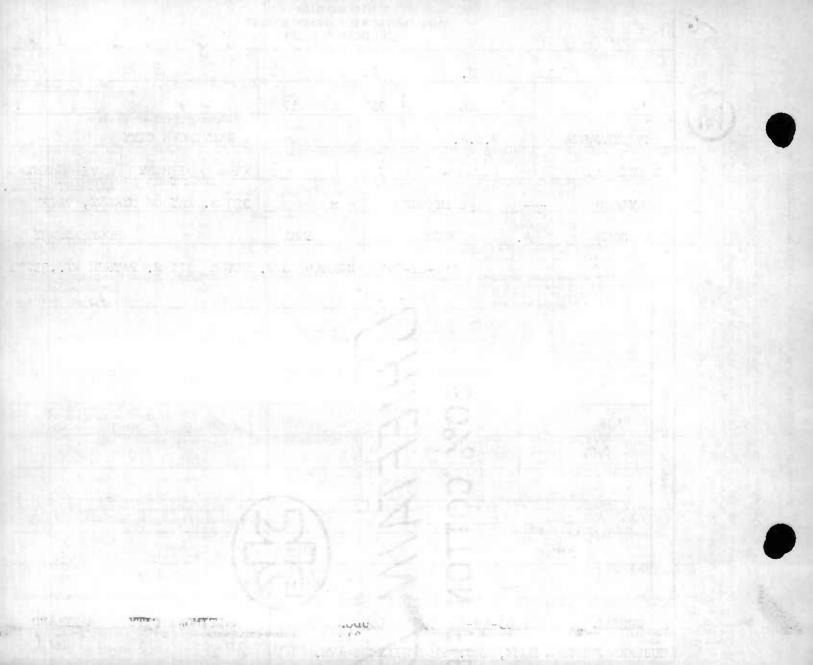
BALTIMORE CITY 250 DATE REC'D. BY REGISTRAR 256.

MARYLAND

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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MPORTANT.

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME FIRST 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT 83 3:15A RUSSELL BERNARD DEY 4 RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS March 15,1917 Male White 66 O. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore city Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 12b. KIND OF BUSINESS OR AMC. Baltimore, Maryland 21218 TYPE OF WORK FOR MOST OF WORKING LIFE Newspapers Baltimore Route Carrier USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 132. CITY OR TOWN Millersvill 13d. INSIDE CITY LIMITS? 134 131 Drexel Drive Maryland A. A. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME U FIRST LAST MIDDLE 0 N K N Percy = Dev ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) same as above 220-01-6251 Bessie V. Dev WW=2Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DIATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that (this haspital) attended the deceased from February 22 May and that in (Ny) (aur) apinian death occurred an the date and haur and fram the causes stated 77% SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) 22s. ADDRESS VAMC, Baltimore, Maryland 21218 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Maryland Vet's. Cem Crownsville, A.A. Ma. Burial 5/4/1983 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Glen Burnie, Md. Raymond C. Fink 1983

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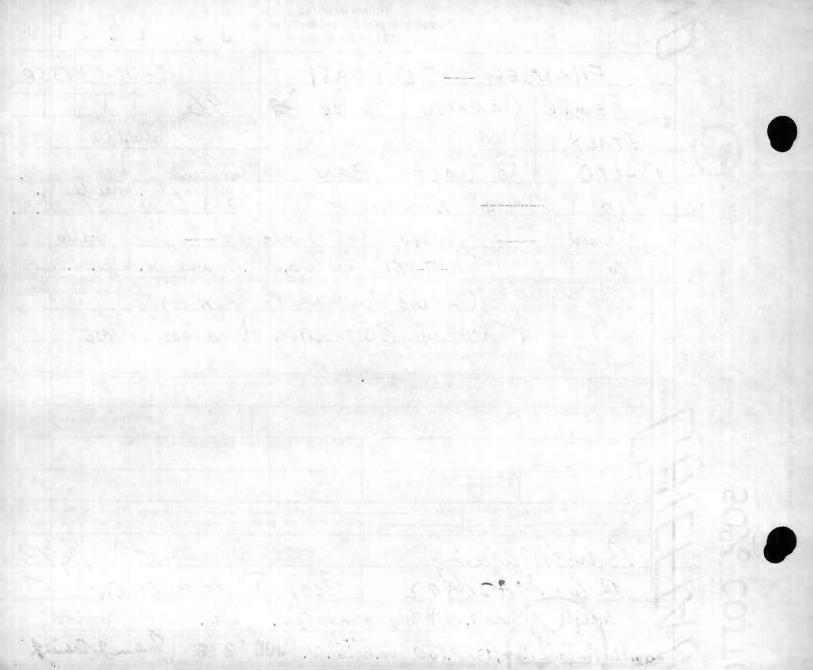
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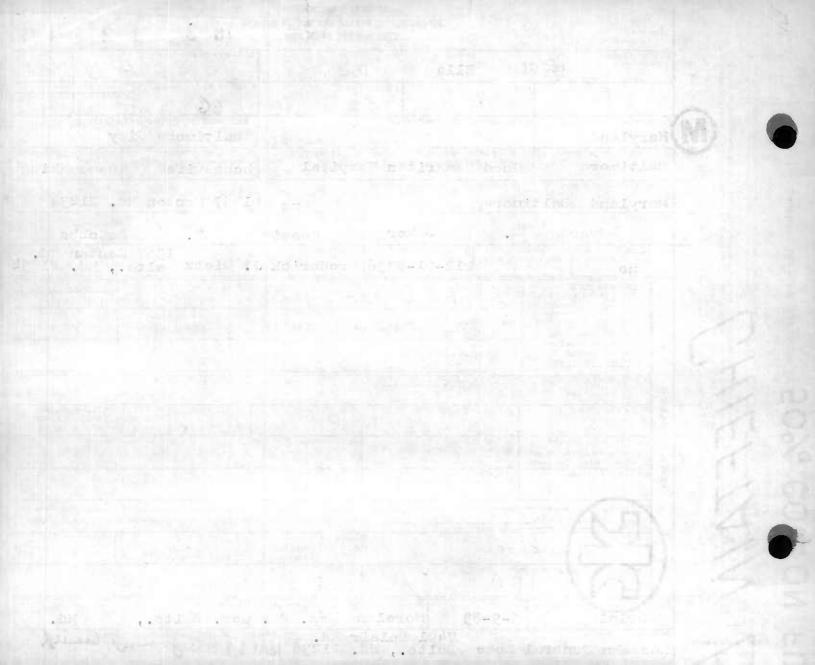
24 FUNERAL DIRECTOR

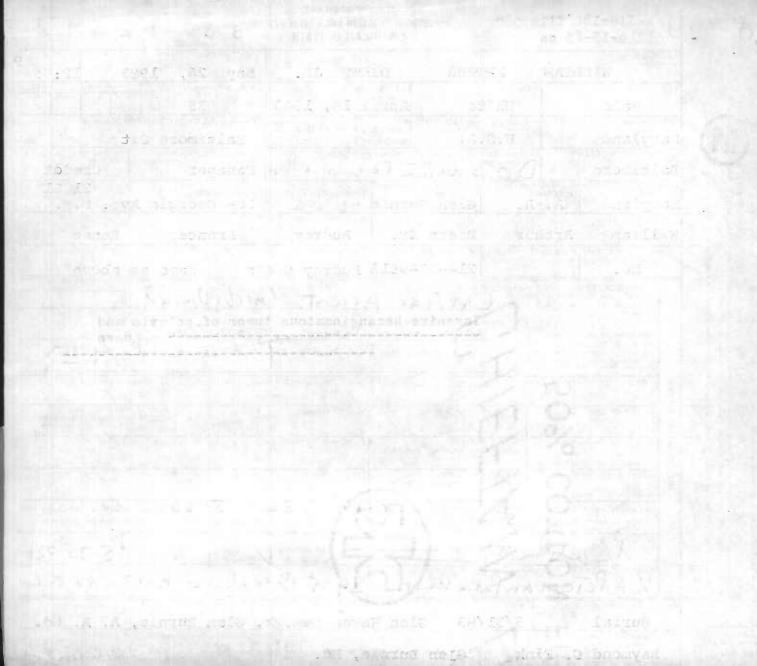
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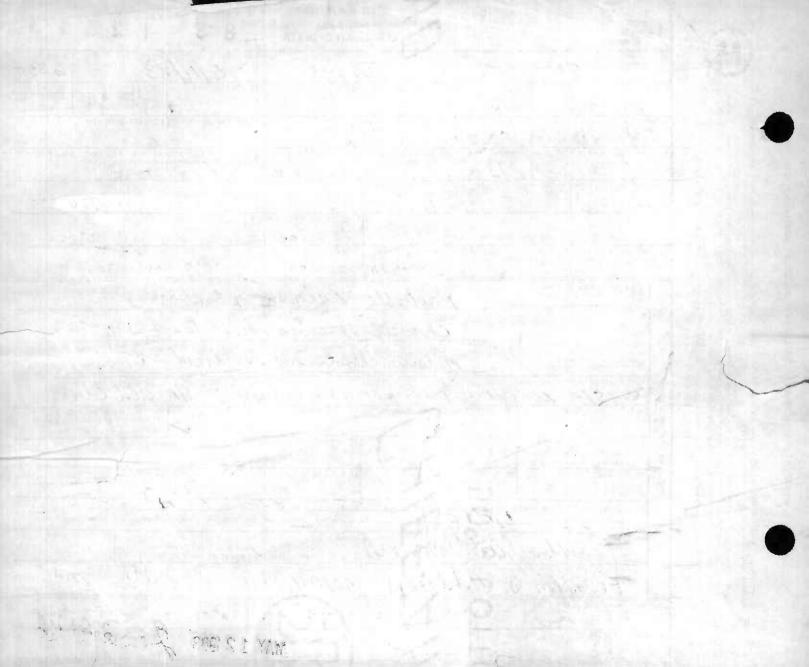
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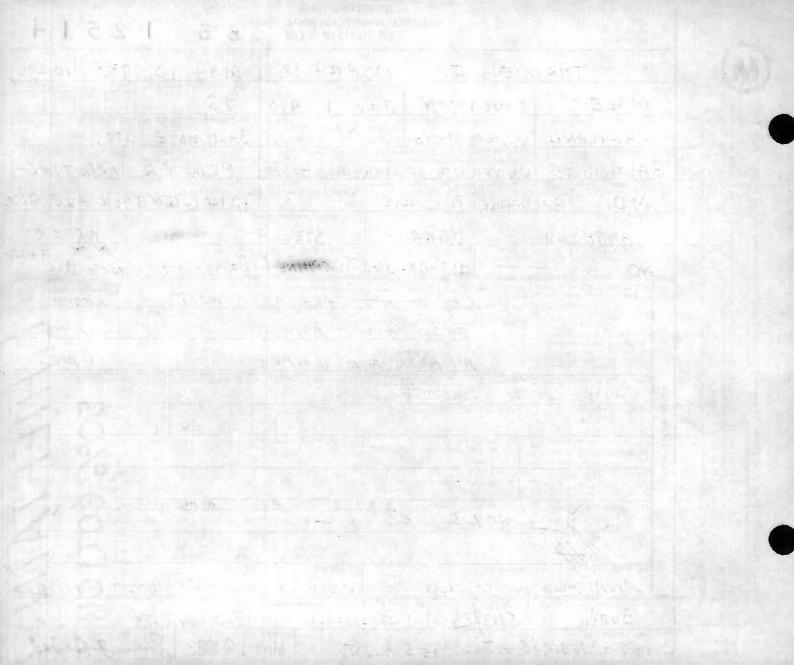








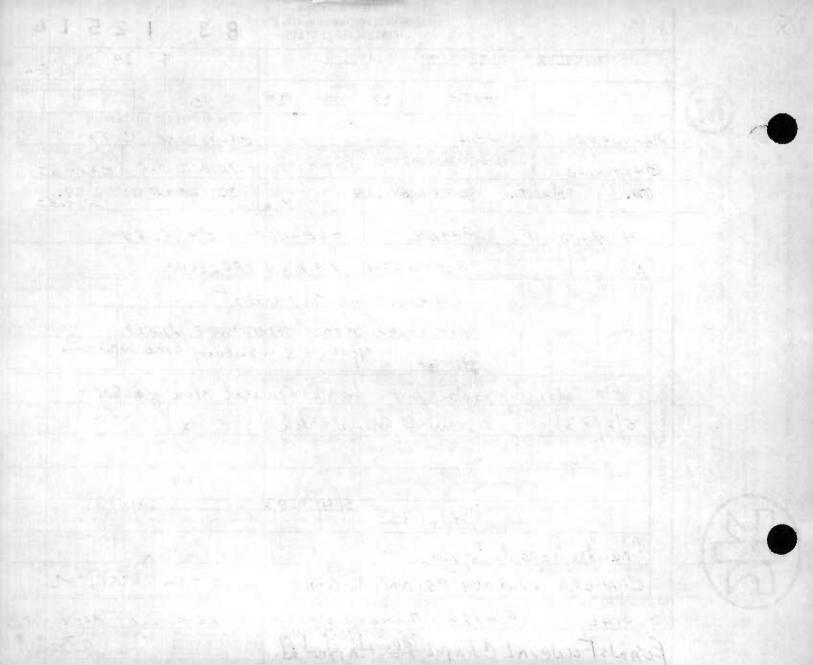
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4 FATHER'S NAME	M	IDDLE	TAST	-27	15. MOTHER'S	IRST	. AA	IDDLE		LAST.	711
WAS DECEASED	FVER IN U.S. ARM	AED FORCES?		/	17 INFORMAN	·		ADDRESS		NK-	
IYES, NO OR UNKNOW			213-03	_3787		- V	DORRY.		^	RACK F	AVE #2120
	DEATH Enter only	one couse per	ine for (a), (b), on	d(c)	00007.	77714	2-017	10011	O X-141		ATE INTERVAL
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350										- 11.5	
		(b)			Ry A1	20057				11/21	Hour
couse (o),	stoting the	DUE TO, OR			4 0	D 014.			100	101	200
		(c)				מיאכן					103
					NOI RELATED I	O THE TERM	INAL DISEASE O	K CONDII	ION GIVEN I	N PAKI IIO	
19a. DATE OF O	1-01				WAS PERFOR	MED	20a AUTOPS	Y? [Ob. IF YES, WI	ERE FINDING	GS USED
TIFE CONTRACTOR							YES N				NO []
OR CONTRIBUTION	1			AY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE	OF INJURY I	NITEM IB PART T	OR PART 2)	
(IF EITHER NOTIF	MEDICAL EXAMINER)	P.N		19							
A STATE IN	OT WHILE			ARM, ETC)	STREET	N	CI	TY OR TOWN		COUNTY	STATE
		all attended the	decensed from	MA	1 9	10 83	in M	Aut 1	() 10	83 .	not kii /wa) Inst
				53 , on	that in (my) (,	ond hour on	,	ouses stoted
		view the body o	offer death.	0	EGREE				E-0.7	22c. DATE SI	IGNED
H	THE						MEDICAL DIRECTOR	STAFF PHYSICIA	NB	5/16	2/83
	/	PRINT)			22e ADDRESS					0/	
		DE CA							BALT	OMDE	21201
230 BURIAL, CREMAT	ION, REMOVAL	236 DAJE	02 2361	NAME OF CE		REMATORY			2	YINUC	STATE
- 1	AL	13/13/	05 157	. SIAN	15 haus	ZSn DATE	DALTIM	STRARIZE	MING STRAP	'S SIGNATU	Md.
		Sons In	C - TADDRESS S	A	C		1 2 198	33	John	2. Ca	will
	DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE (STANDON OR COUNTRY) WAS DECEASED PROFERED IN OR COUNTRY) 130. STATE WAS DECEASED IN OR COUNTRY WAS DECEASED IN OR COUNTRY 18 CAUSE OF I PART I. DEA 3 6 8 Conditions, if gove rise to couse (o), underlying PART 2. OTHER 190. DATE OF OR 210. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF) 210. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF) 210. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF) 210. SOW THE de Obove, N. (1) 220. I certify the sow the de Obove, N. (1) 220. SIGNATUR 220. BURIAL, CREMAT (SPECIF) 220. SIGNATUR 221. FUNERAL DIRECTOR 222. FUNERAL DIRECTOR 223. BURIAL, CREMAT (SPECIF) 224. FUNERAL DIRECTOR 225. FUNERAL DIRECTOR 226. PHYSICIAN 227. FUNERAL DIRECTOR 227. FUNERAL DIRECTOR 228. FUNERAL DIRECTOR 229. FUNERAL DIRECTOR 221. FUNERAL DIRECTOR 221. FUNERAL DIRECTOR 224. FUNERAL DIRECTOR 225. FUNERAL DIRECTOR 226. FUNERAL DIRECTOR 227. FUNERAL DIRECTOR 228. FUNERAL DIRECTOR 229. FUNERAL DIRECTOR 220. FUNERAL DIRECTOR 220. 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INJURY OCCURED WHILE NOT WHILE AT WORK 220. I certify that (with shopping sow the deceased alive on obove, N (we) und) (Ind. 220. I certify that (with shopping sow the deceased olive on obove, N (we) und) (Ind. 220. I CERTIFY HOR (WE) UND) 221. SIGNATURE 222. I PHYSICIAN STAME [TYPE OR ANASTAME 223. BURIAL, CREMATION, REMOVAL (SPECIED UND) 224. FUNERAL DIRECTOR	DECEASED NAME (TYPE OR PRINT) THA POEUS 3. SEX 4. RACE CAUCA TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND MARYLAND MOCITY OR TOWN OF DEATH 11. NAME OF H (IF NOT IN SUCLE THE TOWN OF DEATH 13. STATE MODILE MARYLAND MODILE MODIL	THA DOES J. I. RACE C. AUCASIAN I. RACE C. AUCASIAN II. NAME OF HORSITAL DESTRESS III. NAME OF HOSPITAL, NURSING HOME OF CONTRIBUTION, GIVE RESIDENCE (IN NURSING HOME OF COTHER INSTITUTION, GIVE RESIDENCE BEFORE III. NAME OF HOSPITAL, NURSING HOME OF COTHER INSTITUTION, GIVE RESIDENCE BEFORE III. NAME OF HOSPITAL, NURSING HOME OF COTHER INSTITUTION, GIVE RESIDENCE BEFORE III. 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INSIDE CIT 139. INSIDE CIT 139. INSIDE CIT 130. INSIDE CIT 1	STATE REGISTRAR CERTIFICATE OF DEATH DECEASED NAME INFO PRINKIT THA DDEUS J, SEX MALE ARACE CAUCASIAN THA DDEUS J, SERVING THA DDEUS JAMA THA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 DEPARTMENT OF HEALTH	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE BERGISTAR CERTIFICATE OF DEATH THA DOES J. DOB RY SR. MAY THA DOES J. DOTTON OF DEATH THA DOES J. DOTTON OF DEATH THA DOES J. DOTTON OF DEATH J. CHIZER OF WHAT COUNTRY? THA DOES J. CHIZER OF WHAT COUNTRY? THE CAUSE OF DEATH J. CHIZER OF WHAT COUNTRY? J. CHIZER OF WHAT COUNTRY C	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH DEGISTRAR DEGISTR	DEPARTMENT OF HEALTH AND MENTAL HYGINE STATE BEGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGINE BEGISTRAR LEGISTRAR LEGISTRAR THAD DEUS J. DOBRY SR. LADIE OF BETH MAY 10 1983 LADIE OF BETH



. 1			1179			AARYLAND			*		
2 1-	FOR STATE			DEPARTMENT O				3 1	2	5 1	5
1 10	REGISTRAR ECEASED NAME	FIRST	WEL	DICAL EXAMI	MEK.2	LEKTIFICAT		REG. N	IXI MONTH	DAY YEAR	9
	(PE OR PRINT)	Goorgo		F.	Do	dge	20. I	OF ESTI-			2b. HOUF
1.58	X. 4	George	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UT	DER 1 YR. IF UN	DER 24 HRS. 2c.	DATE	5/12 MONTH	DAY YEAR	27 1248
1	M	W	5-19-19	104 78		HS DAYS HOUR	S MIN PRO	DEAD	5/12	2/8319	P 40
70.	BIRTHPLACE (STA	E OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER M	ARRIED 7 8	ALTIMORE CITY			
147	MARYLA		U.	S. A.	WIDOV		ORCED	Baltimo	re Cit		ME
9	altimore	DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE 115 N.	PITAL, NURSING HO	ME, OR OTH S) et	IER INSTITUTION	12a USUAL FOR MOST	OCCUPATION (TY OF WORKING LIFE)	PE OF WORK	ROOF!	TRY
USU		IN NURSING HOME O	ROTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMI	SSION)	had thems city than				2122	
	MARYLAN			BALTIN	BRE	13d INSIDE CITY LIMIT	15? 13e STREET	N. POR	T ST.	2122	4
1	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S M		MIDDLE		LAST	
4		KRREN		ODGE			IARY E	NAU	SE		
	WAS DECEASED YES, NO OR UNKNOW		MED FORCES? WAR OR DATES)	16b. SOCIAL SECUE		INFORMANT	+0 = D	ADDRES	5	2120	ماد
-	No	-		217-05-	1630	MW. Der	orly E. E	syrner.	5617		sonur
	18 CAUSE OF PART I DEA	DEATH (Enter anl TH WAS CAUSED	y ane cause per line to BY:	far (a), (b), and (c).) Arterioscl	orotio	cardio	ascular	dispasa		APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
	42	A JAMEDIAT	E CHOSE (O)	AS A CONSEQUENC		, caratov	ascului	discuse			
		if any, which	DOL 10, OK	AS A CONSEGUENC	L Of					100.00	
		ta immediate	(b)	AS A CONSEQUENC	F OF						
	lying cause	last.	(6)							100	
	PART 2 DIHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TO	RMINAL DISEAS	OR CONDITION GIVEN	IN PART 1 (o)				
CERTIFICATION									100		
ICA	190. DATE OF C	PERATION	196 CONDITI	ION FOR WHICH OP	ERATION W	'AS PERFORMED?				Headpo	nly
E .	210 EXTERNAL	CALISEWAS	21b. TIME OF	MILLIAN	Ta1. H	OW INTUING OCC	JRRED (ENTERNATUI	-		YES X	NO 🗌
2 3	UNDERLYING	OR	HOUR A.M.	MONTH DAY YE	AR ZIC. FI	JW INJURY OCCU	JKKED (ENIEKNAIDI	E OF INJURY IN ITEM 18	B PART I OR PART	[2]	
MEDICAL	21d. INJURY OC	CURRED		19 FINJURY (ATHOME,	211. LO	CATION					
ME	WHILE AT WORK			DRY, FARM, ETC.)		TREET	СП	YORTOWN	COUN	YTY	STATE
			f al.	9 1 1 2 2 2	Head						
			e af the remains desc		-				and in my apir	nian	
	death resulted	Nature	al causes [X],	Accident ,	Suicide 🔛	, Hamicide L		ned manner	1		
	ACTUAL SIGNATURE	MUCUK	te the	Mulh			ant MEDICAL	EXAMINER	DATE	5/13	3/83
1	EV ALAINIER'S AL		V								
	EXAMINER'S N.)	Margarita			ADDRESS	11 Penn S		٠٠, ١٧١٥	J. 2120	
23a.l	SURIAL, CREMATIO		3b DATE	23c. NAME OF C			23d. LOCAT	WN	COUNT	TY S	STATE
24.1	UNERAL DIRECTO		5-16-83	BALT	MORE		ATE REC'D. BY REC	BALTO,	MD.	CNATIDE	A
1.7	WAME DIRECTO	100	- 2334	1.11.	or.			193	LUC T	College	N
	" alle	Vulley	2334	nevyere	1 77		AAY 161	NO (1)	4		

0 1 2 5 1 6 6 1 2 5 1 5 A C D STREET CONTENANT (18) MASSELLE PROFILE X BOAT ST 2.274 DEDAME IN DEDGE AND E. NAUSE NO I STY-05-1130 My Trading E Brown SERT BARREDON Of the second to the second ASSET OF THE BOOK OF THE STATE OF THE PERSON OF THE PERSON

5	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 2 5 1 6
1	24	REGISTRAR CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH 25. DATE OF DEATH 26. DATE OF DEATH 27. DATE OF DEATH 28. TEAS 11. SO AM
gs 4 may	m	SEX 1 RACE S. DATE OF BIRTH 1 1 1 2 1 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	1	** OF CITIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH **MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OF DEATH **WIDOWED DIVORCED BALTIMORE CITY MD.
101 11 offer d	45	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF COCO FACTOR OF
AND 213	and the state of t	JULIAL RESIDENCE MILITIAN GIVE RESIDENCE BEFORE ADMISSION) JE OF PROVECT. YES NO 13e. SBET ADDRESSION GROVE CT. PLOS 0 NO NO NO NO NO NO NO
MARYL and with	11/30	HOWARD FOR BAYNE BLEANOR BARROWS
IMORE,	Pages .	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (17 INFORMANT FAMILY RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certific	to ned by the houstfol or ottending physician. O PUNERAL DIRECTOR: After this certificate has been signed by the attending phicoold be directhed for use on the buriol-strainlingerm? This please semaner conformation, or temporal prints State Dept. of Health and Mental Hygiene prior to buriol, cremation, or temporal NPORTANT. If tem 21 is marked or tem 18 phone any injury, or other traumatic even	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Landing asset Landing asset
Đ	8P	BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE OULANEY VALLEY COCKEYSVILLE BALTO MO
	H - 16 50M 4/B2 (VRA 15, 4)	EVANS FUNCIAL Chapel Apples WAY 31 1983 John & Chapel



OR: After this certificate has been signed by the attending physician and cami ruse as the burial-transit permit. Then please remove carbonpapers. Pages of Heolth and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. If with the State Dept. af Heolth and Mental Hygiene priar to

MPORTANT: If Hem 21 is

injury, ar other traumatic event, th

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

83 1251	PRO .		11000				-
REG. NO.	3	3 REG. NO	1	2	5	1	-

		REGISTRAR				CERTIF	ICAIL OF	DEATH	0	REG. NO	o. •	-		
		CEASED NAME	FIRST		MIDOLE	l l	AST		20. DATE OF		MONTH	DAY YEAR	2b HC	DUR
	(TYPE	OR PRINT)	PALLO	INE	Ε.	I	POLES		MAY	8		1983	6:4	15PM
	3. SE	x		4. RACE		5. DATE C			6. AGE (IN Y	ARS LAST BIRT	(HDAY)	IF UNDER 1 YEA	AR IF UND	DER 24 HRS
	1	Female	е	В1	ack	MONTH 4	16	1883	1	00	YRS	MONTHS DAY	S HOURS	MIN.
1	7a. BI	RTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER	RRIED -	9 BALTIMO	RE CITY O		Y OF DEATH		
1		aryland		U.S	. A .	WIDOWE		NORCED	Balt	imor	e Ci	ity,		MD.
10	1	altimore		(IF NOT IN SUC	HOSPITAL, NURS IN H FACILITY, GIVE STREET Charles	AOORESS]			120. USUAL C				OF BUSI	NESS OR
1	13e. S	at RESIDENCE (# NU STATE aryland	13b. COUN		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltin	N	13d. INSIDE YES	CITY LIMITS?	13e. STREET A		ola	21 North	215 way	
2	14 FA	ATHER'S NAME FIRST	_	WIDOLE	LAST		15. MOTHER	'S MAIDEN NA	ME	WIDOLE	_		LAST	
1		VAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRE	SS			-
	- 1,	NO OR UNKNOWN)	(IF YES, GIV	'E WAR OR OATES}	N/A		Wand	aline	Green	240	5 Lo	yola 1	Nort	hway
	No	Canditions, if ar gove rise to it couse (a), sta underlying cou	mmediate ting the ise lost	{ (b)	R AS A CONSEQUE	NCE OF	NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CON	DITION GI	IVEN IN PART	1(a	
1	CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY?	IN CERT	ES, WERE FINE IFYING CAUS		ATH?
1		210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF OE	HOUR A.	M. MONTH DA	YEAR	21c HOW I	NJURY OCCUR						U
	MEDICAL	21d. INJURY OCCU	WHILE O	21e PLACE	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCAT			CITY OR TO	WN	COUNTY		STATE
		22b. SIGNATURE	osed plive on (did) (did no	t, view the body	ofter death.		nd that in (my DEGREE	ATTENDING PHYSICIAN [, 10	STAF	F .	22c. DA		D
1		22d. PHYSICIAN'S		124 - SO	ARES		W. CA	taples			BA	cr.no	2. 2	1218
		BURIAL CREMATION	N, REMOVAL	23b DATE 5/12				CREMATORY al Pk			stor	w n ^{county}		Mď.

BP. DHMH - 16 50M 4/82

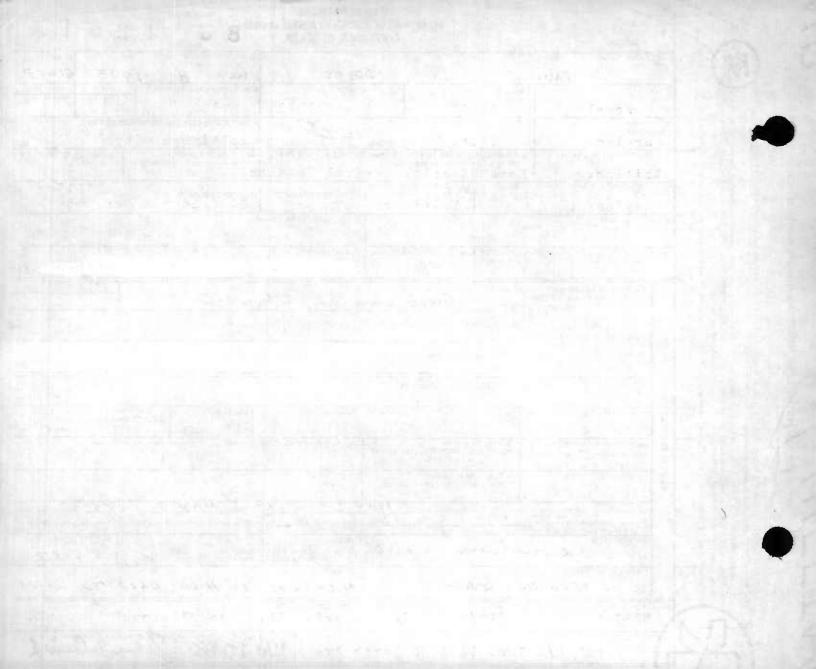
24. FUNERAL DIRECTOR Wm C^{NAM}March F/H Inc. 1101^{ADORES}E North Ave (VRA 15, 4)

King Memorial

Randallstown

Md.

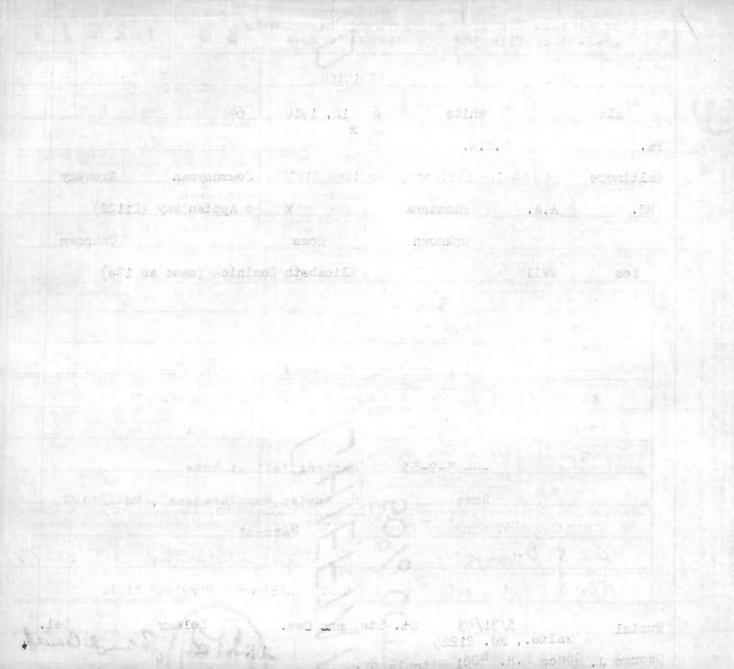
MAY 10 1983



George J.

Gonce F.H. 4001

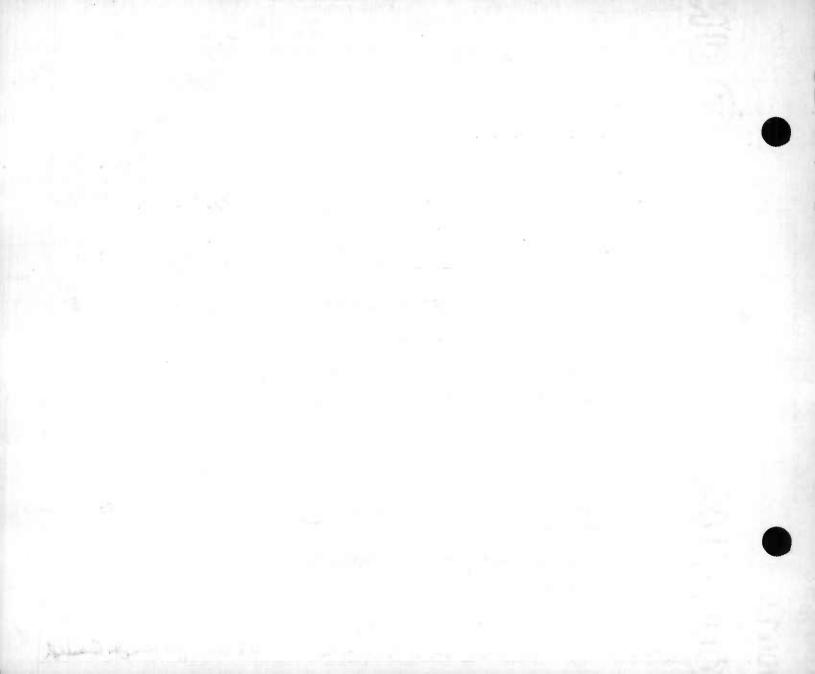
		CEASED NAME E OR PRINT)	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1			PAUL		C	-	MINICK			26 83	5:15 P.
1	3. SE	×		4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS MIN.
1	1	ale			white	6	12, 1918	64	YRS.		
24	1.	IRTHPLACE (STATE O	R FOREIGN		F WHAT COUNTR	MARRIEI	D MEVER MARRIED	9. BALTIMORE CITY O			
7		ITY OR TOWN OF DI	ATH	U.S	F HOSPITAL NUR	SING HOME C	DIVORCED DIVORCED DR OTHER INSTITUTION	BALTIMORE			OF BUSINESS O
10	1		/	VAMC,	UCH FACILITY, GIVE STR	EET ADDRESS)	yland 21218	(TYPE OF WORK FOR MOST O	F WORKING LIF	FE) INDUSTRY	
Z,		altimore AL RESIDENCE (# NU STATE	RSING HOME OR	OTHER INSTITUTIO	Baltimor	ORE ADMISSION)		Journeyman		Brewe	ery
1		Md.	A.A		Pasader		136. INSIDE CITY LIMITS?	6 Appian W	ar (2	1122)	
0.11	_	ATHER'S NAME				iter	15. MOTHER'S MAIDEN NA	ME	ay (L		
1/	V	FIRST		MIDDLE	Unknowi	n	Rose	WIDDLE		Unkno	
A		WAS DECEASED EVE					17. INFORMANT	ADDRE	ŠS.	OTHER	/HIL
P	1	YES, NO OR UNKNOWN)	WWI	E WAR OR DATES)			Elizabeth Do	minick (sam	e as	13e)	
		18. CAUSE OF DEA	TH (Enter on	ly one couse p	er line for (a), (b),	and (ct.)					MATE INTERVAL
		PART I. DEATH		D BY: E CAUSE (a)_	Sep	sisi					
		1027		DUE TO.	OR AS A CONSEC	LIENICE OF					
						JUENCE OF					
	10	Conditions, if on		(b)_	Ω	morra					
3		gave rise to in	nmediate ting the	(b)_ DUE TO,	Ω	nonia					
1		gove rise to in couse (a), stat underlying cou	nmediate ling the se last.	(c)_	Preu OR AS A CONSEC Squer	DUENCE OF	ca Lung				
	NO	gave rise to in	nmediate ling the se last.	(c)_	Preu OR AS A CONSEC Squer	O DEATH BUT	A Lung NOT RELATED TO THE TERM				0
The sales to de la contra l'union l'union	ATION	gove rise to in couse (a), stat underlying cou	nmediate ting the se last. GNIFICANT C	CONDITIONS (CX. O	Preu ORASACONSEG Squer CONTRIBUTING T	OUENCE OF O DEATH BUT S Who		VINAL DISEASE OR CONI	20b. IF YES	S, WERE FINDIR	NGS USED
The supplier of other from	TIFICATION	gove rise to in couse (o), state underlying course PART 2 OTHER SIG	nmediate ring the se last. GNIFICANT CLASS ATION	CONDITIONS (CX. O	Preu ORASACONSEG Squer CONTRIBUTING T	OUENCE OF O DEATH BUT S Who	equent deteris	200 AUTOPSY?	20b. IF YES	6	NGS USED
1	CERTIFICATION	gave rise to in couse (a), statumentlying couse PART 2 OTHER SIGNAL PROPERTY OF THE STATE OF OPER 5 / 17 (21a. ACCIDENT WAS U	GNIFICANT C	(c)	Preu ORAS A CONSEG Squar CONTRIBUTING T Lip = DITION FOR WHII FX O he OF INJURY	O DEATH BUT 5 What CH OPERATIO	equent deteris	200 AUTOPSY? YES NO	20b. IF YES IN CERT IF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
1		part 2 OTHER SIGNATE OF OPER 5 // 7/	omediate ing the se last. SNIFICANT OF ATION ATION PATION CAUSE OF DEA	19b. CON	Preu OR AS A CONSEG 5 que CONTRIBUTING T hip = IDITION FOR WHILE FX O he	O DEATH BUT 5 What CH OPERATIO	N WAS PERFORMED 211. HOW INJURY OCCURI	200 AUTOPSY? YES NO	20b. IF YES IN CERT IF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
29		gave rise to in couse (a), statumentlying couse (b), statumentlying couse (c). PART 2 OTHER SIGNAL (c) The coupe (MINISTER OF THE PROPERTY OF TH	I 21b. TIME HOUR	OR AS A CONSECTION OF THE PARTY OF INJURY A.M. MONTH PARTY OF INJURY E. OF INJURY	ODEATH BUT SUBSECH OPERATIO P DAY YEAR 83 19	equent determined	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDING CAUSES	NGS USED OF DEATH?
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ou los	3. SE:	Female		iite	Jan.			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
d do	V.	RTHPLACE (STATE OR FOR COUNTRY). UIGUNÍA	USA		MARRI		BALTIMORE CITY OR COU	ITY	MD.
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MARYL ed within and 2 st	JA. FA	Albert	Haven	Thomas "	ST	Nellie Name	^{ME} Virgolhia	Taylo	ir
IMORE,		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (U.S. ARMED FORCE IF YES, GIVE WAR OR DA	TEC)	1 SECURITY NO. 36-2020	George E. Do	nley, 392 Ells	towne, Md.	21085 ce
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RDS, 20	NO	PART 2. OTHER SIGNIF		NS CONTRIBUTION	IG TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	a l
DIVISION OF VITAL RECORDS, 201 C PHYSICIAN: The low requires the cather of the physician. Then this certificate has been reproduced as the burnol-transit permit. Then pleas the and Membal Hygiene prior to burnol, orked or frem 18 shows any injury, or a	CERTIFICATION	190 DATE OF OPERATIO	N 19b. C	ONDITION FOR V	WHICH OPERATION	N WAS PERFORMED		FYES, WERE FINDING CAUSES	
CLAN: Target physici pertificate col-tronsi mtol Hygiem 18 sb		210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH HOL	ME OF INJURY IR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
C PHYS offending set this contending set the burned on the contending set the burned on the contending set the burned on the contending set the co	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PI	ACE OF INJURY ME, STREET, FACTORY, (21f LOCATION	CITY OR TOWN	COUNTY	STATE
TOR: Africanos of Health		22a. I certify that (I) (the saw the deceased obave, (I) (we) (did	olive on VV	my 25		, , ,	death accurred an the date and		that (1) (we) last causes stated
the hos at DIREC etoched te Dept.		22b. SIGNATURE	Sall	w		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED >
HOSPITAL orned by th FUNERAL ould be define the Store		MARK CHIL	BENT			1.5	WOLFE ST.	BALTO, MI	D. 21205
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dec 3		Morris	A.	Dorsey	May	14 83 11 55
or the Co	K	M	1. RACE B	5. DATE OF BIRTH MONTH Z VEAR	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS YRS.
1 11 11		IRTHPLACE (STATE OR FOREIGN COUNTRY) Manyland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	(/ / / /	COUNTY OF DEATH
The life of	1	Ballimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE LUTHEVAL	NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
The state of the s	7134	AL RESIDENCE (IF NURSING HOME OF	NTY 131. CITY OR IOV	VES NO [1 1203 Oak	horst Place, BAL
and 2 st	The state of	SAMUELUL	DORSEY DORSEY	15. MOTHER'S MAIDE FIRST	MIDDLE	CURTIS
ond sp Poper /	1	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		URITY NO. 17 INFORMANT	ADDRES	
that the death I by the attend sase remove co al, cremation, o		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO OR AS A CONSECU	gern heart	deilu	
aw requires that the death been signed by the attenc rmit. Then please remove co prior to bural, cremotion, co any injury, or other trouma	CATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO W, The reserved to the contribution of the cont	gestine beaut	TERMINAL DISEASE OR COND	206. IF YES, WERE FINDINGS USED
N. The law requires that the yaician. Cote has been signed by the ansity permit. Then please. Hygiene prior to burial, crema Hygiene prior to burial, crema R shows any injury, or other the	L CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO W. The Yes 196. CONDITION FOR WHICH	JENCE OF MES CLEVES TO THE PERSON DEATH BUT NOT RELATED TO THE PERSON DEATH OPERATION WAS PERFORMED	TERMINAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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BURNO HALLANIUL YAROO JAMI'A Our DUALAD 5/13/83 JULY REPORT OF THE SECTION OF THE SE

STATE OF MARYLAND

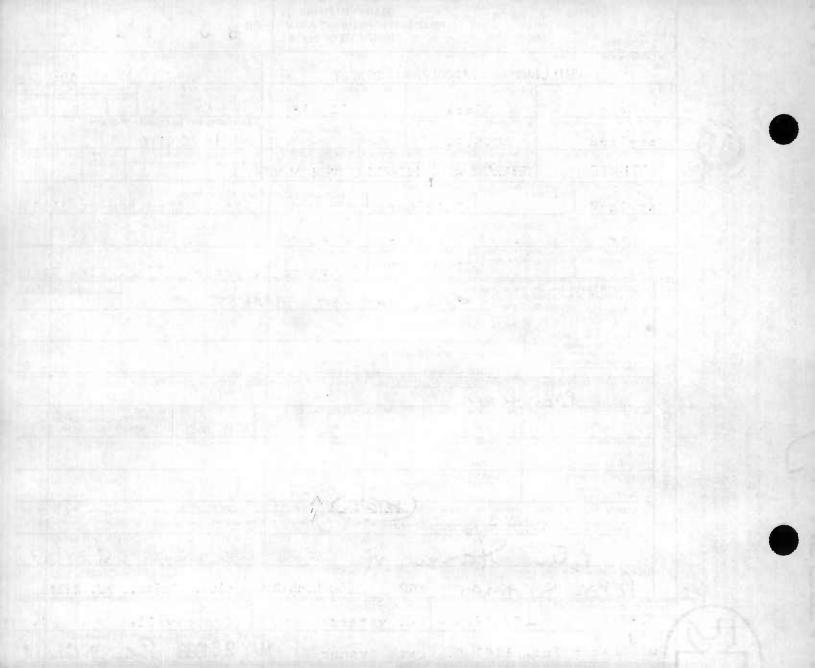
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a. DATE OF DEATH FIRST MIDDLE MONTH YEAR 25 HOUR TYPE OR PRINT 6.10 MARIE DOSTER 3. SEX 4. RACE DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR FEMale White 10 95 To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland WIDOWEDICK DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TINTON MEMORTAL HOSPITAL BALTIMORE Nomemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md 3436 Elm Avenue Baltimere NO [21211 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST Henry Menikhein 166 SOCIAL SECURITY NO ADDRESS IAM WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES) Bertha E. Spencer 3614 Paine Street 21 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiac IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse SCYD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION SRURTEIL 96, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 82 12 220.1 certify that (1) (this hospital attended the deceased from 115 sow the deceased alive on 5/13
above (1) (we) (dia) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

RP DHMH - 16 50M 4/R2 (VRA 15, 4)

40

24 FUNERAL DIRECTOR

[SPECIF Buria]

230 BURIAL CREMATION, REMOVAL

224. PHYSICIAN'S NAME [TYPE OR PRINT]

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Men

22e ADDRESS

23d LOCATION CITY OR TOWN

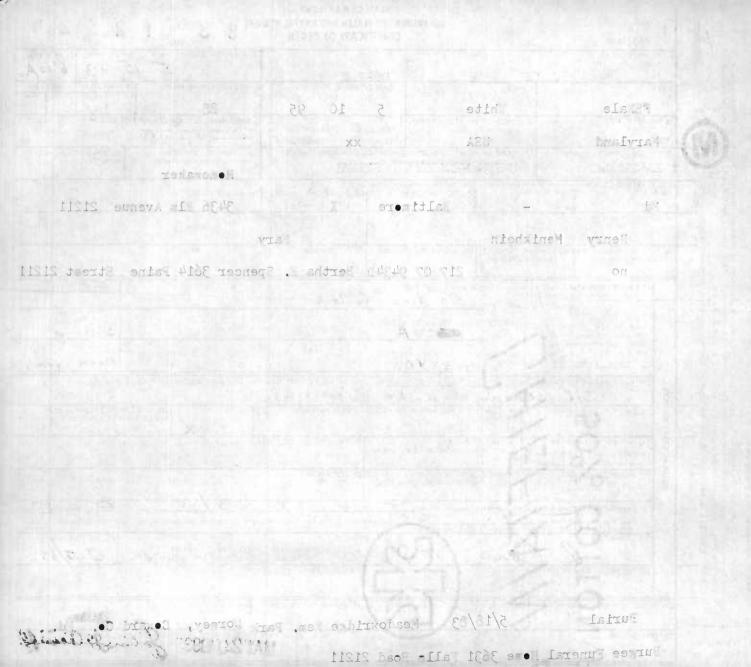
COUNTY

STATE

Burgee Funeral Home 3631 Falls Road 21211

236. DATE

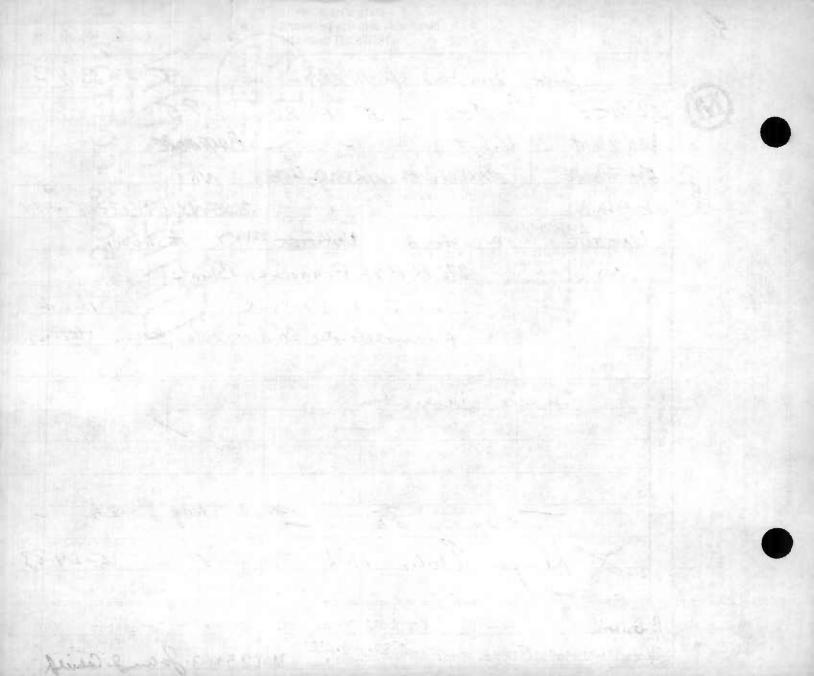
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	1			STAT	E OF MARYLAND			
	1.	FOR - STATE	DEF		EALTH AND MENTAL HY	GIENE 8 3	12	5 2 5
		REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.	E TELEVISION OF THE STATE OF TH
		CEASED NAME FIRST	WIDDIE	. 20	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
		/AUPA	Winstead	War	aherix		1- 23-	83 453
6	3 SE	X	4 RACE	5 DATE C	OF BRTH	6. AGE (IN YEARS LAST !	BIRTHDAY) IF UNDER	LYEAR IF UNDER 24 HRS
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1	1	1K4INIA	4.S. A.	WIDOWE	DIVORCED	BARTIMO	RE.	M
Fed	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	1600	KIND OF BUSINESS OR
510	1	DALTIMORE	AROLLIC	SIREET ADDRESS)	esiNO- LAME	TYPE OF WORK FOR MOST	OE WORKING LIFE) INDL	USTRY
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OJ /		WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDI	RESS	
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the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF				
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ury,	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COM	NDITION GIVEN IN PA	ART Ira
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(uo	CA	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206, IF YES, WERE	FINDINGS USED
3	TE	-		-		YES NO TO	YES T	AUSES OF DEATH?
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- x	~	AT WORK NOT WHILE	The sound of the s	TEICE TANK, ETC J				0,141
e E		22a I certify that (I) (this heap)	an attended the deceased f	rom 7 -	1000	in May	1 1087	3_ that (I) (sue) last
2	.00	sow the deceased olive an	5-20		d that in (my) too ; opinian	death accurred on the	date and hour and fro	
m 2	30	abave, (1) (we) (did) (did no 22b. SIGNATURE	view the bady after death.			and in decorred on the		
f He		MO. SIGNATURE	111		DEGREE ATTENDING _	MEDICAL CT		DATE SIGNED
		X. Kes	of alle	les 1	PHYSICIAN [MEDICAL STA	ICIAN []	-24-85
TAL		221 PHYSICIAN'S NAME ITHE	7/10		22e ADDRESS			
MPOR		I. Kemper	Owens, M.D.		300 Armor	y Place	21201	
₹ •	22a B	<u> </u>		122. NAME OF C	•			
4-1	0	BURIAL, CREMATION, REMOVAL	23b DATE 5 / 2 5 / 9 2		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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24. FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BP DHMH - 16 50M 4/82 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND

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15 124	#	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 3 12530
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MARYL and within	2	FATHER'S NAME FIRST Shi	MODIER DUFF 15. MOTHER'S MAIDEN NA	RION WIBLAKE LAST
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	9		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM THE LUNY. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
IAN: The land physicion. Ifficote hose of Hygiene of Hygiene	/ .	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	
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BP DHMH - 16 50M 4/82 (VRA 15, 4)	24	BURIAL FUNERAL DIRECTOR 11-Lo YAME 11- VVIP de	5/16/83 New Cathed BAL FELD. Homogress 6500 York Rd MA	TE REC'D. BY REGISTRAR 25% GISTRAR'S SIGNATURE
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THE WALL BY THE ELD HAME Chiefe and the property of the second TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be med within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

DHMH - 16 50M 4. (VRA 15, 4)

	/	FOR Item 19a&b f	'ilm 587	STATE	OF MARYLAND				
1	1.	STATE 1 30 84 on	DEPA		EALTH AND MENTAL	HYGIENE	2 1	2 3	3 1
14		STATE 1-30-84 cn		CERTIF	ICATE OF DEATH	0	REG. NO.	-	4
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2)	1	mD	USA	WIDOWE			= 177		MD.
2	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR		R OTHER INSTITUTION	120 USUA	LOCCUPATION	126. KIND	OF BUSINESS OR
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うつ		. 1	TIME BEI	-	YES NO	138.3	DB 650	2000	VE
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9 /		VAS DECEASED EVER IN U.S. ARMEI		ECURITY NO.	17_INFORMANT		ADDRESS		2/2/2/
ned /	()	YES, NO OR UNKNOWN) (IF YES, GIVE W)		-5610	MARY D	VGGAN	503 GF	ORGE	AVE
9		18 CAUSE OF DEATH (Enter only o					300		XIMATE INTERVAL
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5	CA	19a DATE OF OPERATION	Pulmonary	embol1	N WAS PERFORMED	20a AU1	IN CER	TIFYING CAUSES	NGS USED S OF DEATH?
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00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116 TIME OF INJURY THOUR A.M. MONTH	DAY YEAR	216 HOW JIMOURYLOW	2 CUP FRED 1 (ENTER	ATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)	
E /	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				1367 6	
0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM FTC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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<u> </u>	23n F			3c NAME OF C	EMETERY OR CREMAT	ORY 123d, LOC	CATION		
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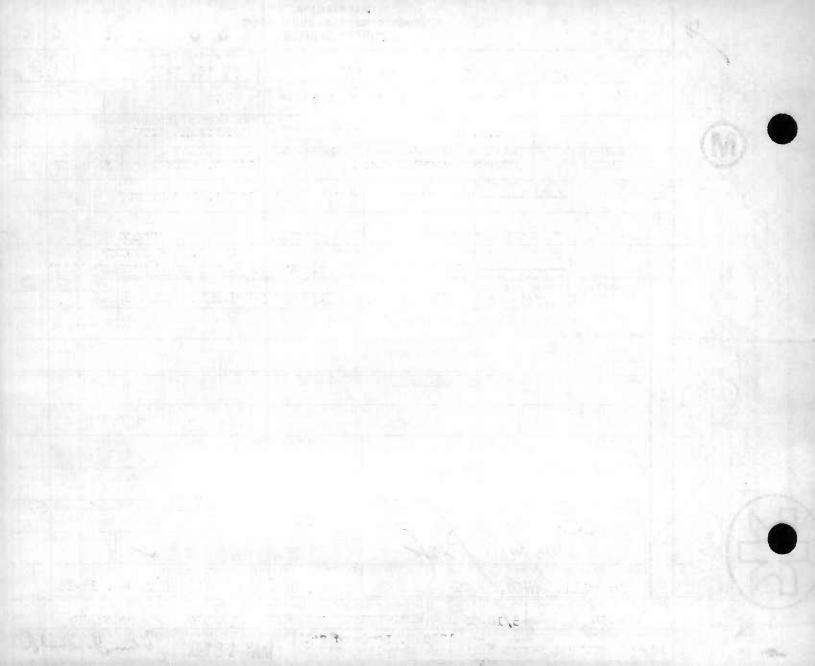
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DIPPEL FUNERAL HOMES Baltimore Maryland 21231

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

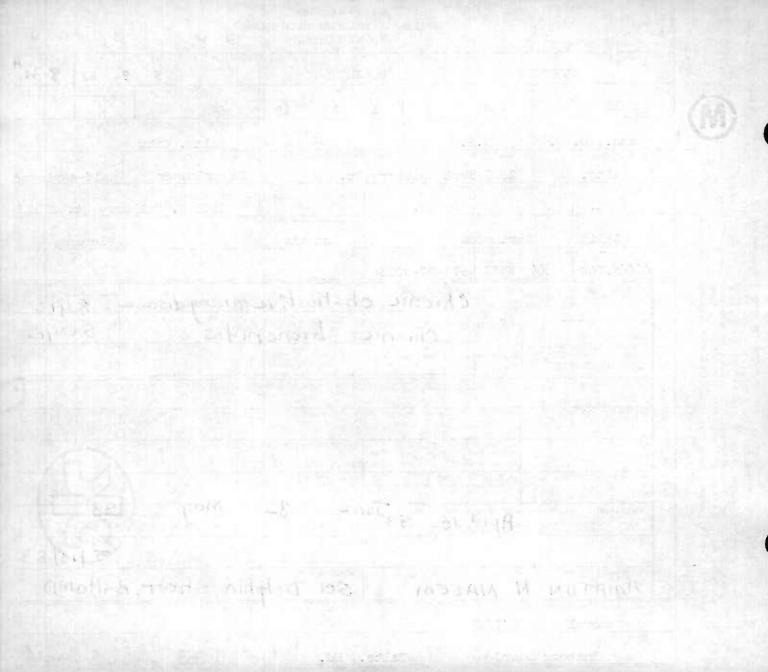
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BALTIMORE, cate be execut ysician and ca apers. Pages 1 avol. 1, the medical.		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIA	SECURITY NO. 1	Chart-CI	larine Our		8 N Washingt
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× 4 P	NO	PART 2 OTHER SIGNIFICANT SUPSIS 20	Parferule	VISCUS		MIN AL DISEASE OR CON	DITION GIVEN IN	PART 1(a)
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OF PHYSICIAN. The other displaying the physician of the this certificate Is the burial-transit on and Mental Hygies and Mental Hygies hed or hem 18 sho		2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	TE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O	P PART 2}
IVISION JG PHYS affendin ter this c s the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,		II. LOCATION STREET	CITY OR TO	WN C	OUNTY STATE
TENDING OF TOR: A TOR: A TOR: A TOR: A TOR: M Heal	H	220.1 certify that (1) this hasp sow the deceased glive or	ottol) attended the deceased of the decease of the	from 5/1	that in (my) (aur) apinian	, 10	ote and hour and	, that (I) (we) last from the causes stated
At OR AT the hasp at DIRECT detached for the Dept. of T. if Item 1		22b. SIGNATURE	ADR.		GREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22. DATE SIGNED
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βP		Burial, cremation, removal Burial	236. DATE 5/23/83		hetery or CREMATORY teran Cem.	Crowns		NTY STATE
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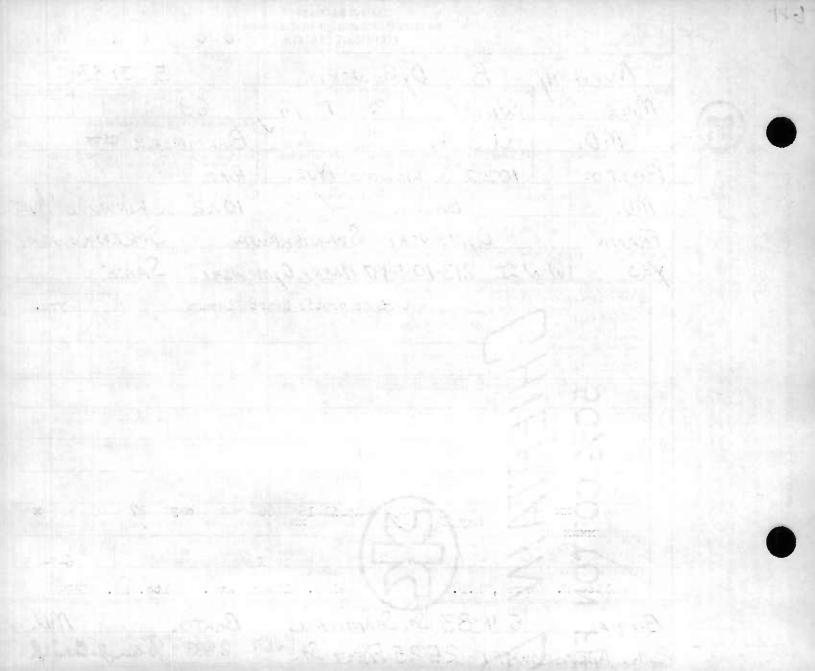
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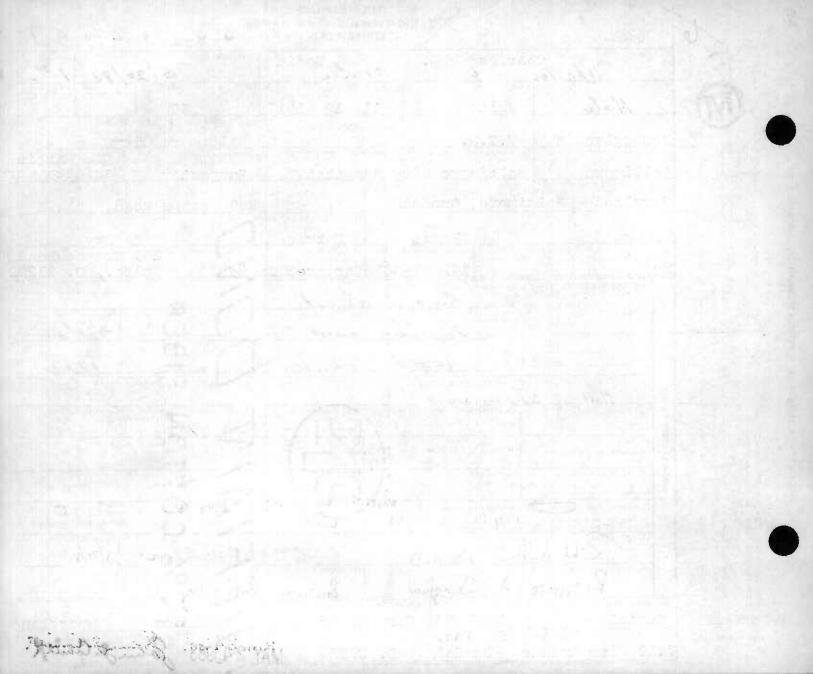


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VII.	SICIAN: TI ng physicia certificate rrial-transit ental Hygi	l e	210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)	
9	3 PHYSICIAN: thending physicians the buriel-from and Mental Hy ced or Item 18	3	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
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	Ti pot		saw the deceased alive an Nay 27 19 83, and that in (my) (% X opinion death occurred on the date and hour and from the causes state above, (1) (vigo alide) (did not) view the body after death.	d
	AL OR ATTEN 7 the haspital FAL DIRECTOR: detached for us one Dept. of He		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	
	RAL deto		PHYSICIAN DIRECTOR PHYSICIAN 6-2-8	3
	HOSPI FUNE buld be th the S		222 PHYSICIAN'S NAME (TYPE ORPRINT)	
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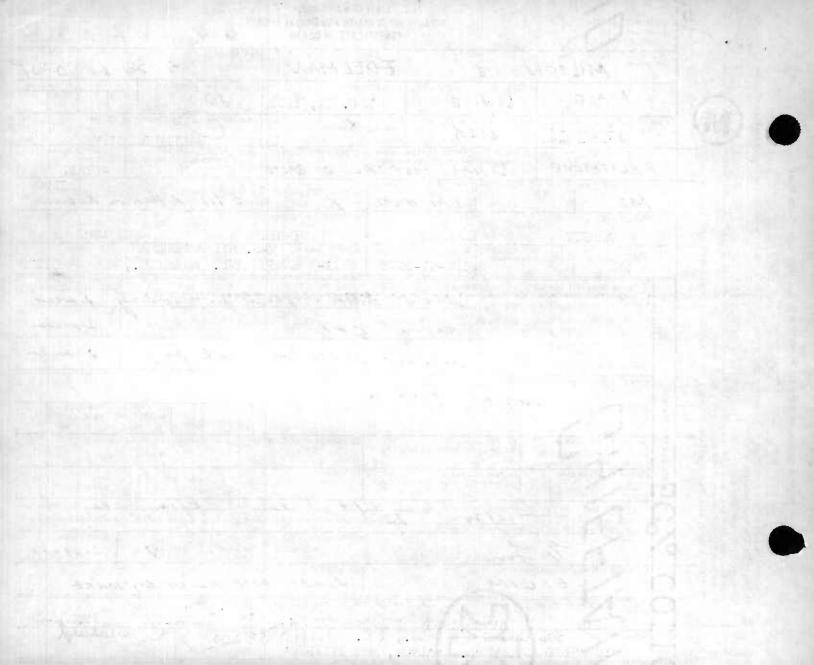
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POR the the		PAUL GORMLEY	MD/	100 N. BROAD	URCH HOME CORP. WAY BALTIMORE,	MD; 21231
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WAS PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE BATTIMORE, MARYIAND, 2120	1	death resulted	AME DO	ge of the remains description of the rail causes of	myth ?	Autap vicide M	Hamic TITLE (S ASS 1	PECIFY) stant	Undeter	Inquiry a remined manner CALEXAMINER 1 St., Bal	DATE SIGNI	_{ED5/23/}	
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TIMORE on and con medical	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ON UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-09-4363 CHARLES LEDER SAME 2,224
W. PRESTON ST., BAI. tot the death certificate by the attending physicis se remove carban paper c. cremation, or removal. other traumatic event, the	IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF cause (a) to immediate cause (b), stating the underlying cause lost.
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	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME Engel LAST 2b HOU Murtle LIYPE OR PRINTS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF MRTH 3 SEX YEAR 80 1903 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. Boaltimore. Md U. S. A. 12b. KIND OF BUSINESS OR HENOT IN SUCH FACILITY, GIVE STREET ADDRESS Dental Assistant Dentistry altimore 13e STREET ADDRESS 134. INSIDE CITY LIMITS? licott Howara Md. 9014 -Apt. C -Town & 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Dora L. Mossberger Adam Engel 17 INFORMANT 9014-Apt. COPPSWn & CountryBlud. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 218-01-0537Mrs. Thelma A. Hill -Ellicott City. No Md. 2104 3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause last. Overious Carcinons PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 1/300 NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (Ic this haspital) attended the deceased from and that in (my/(pur)) opinion death accurred on the date and hour and from the causes stated DEGREE MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS shauld be ansen 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Cemetery-Balto., Maryland Loudon Park 24 FUNERAL DIRECTOR Sterling Funeral Estate, P.A. DHMH - 16 50M 4/B2 736 Edm indson Aven e-Catonsville, Nd. 21228MAT (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	226. SIGNAJURA W. WOQLI GIA W					ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	6	5 · / 5		-
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) ROGHAN	M.D.		22e ADDRE		HOPKI	- 1	SPITE	h		
23a.	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d. LOCATION		cou	NTY		STATE
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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			STATE OF MARYLAND
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19 May 1135 Burray , staston 10. Yet feet -iwoi Lang Come

3	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 1	2 5 5 3
ay be	I. DECEASED NAME NAME		Manc ENSTON	28. DATE OF DEATH MONTH D	983 2P M
oge 4 mc	Female	White	3/25/1890 YEAR	93 YRS	FUNDER I YEAR IF UNDER 24 HKS ONTHS DAYS HOURS MIN.
degth geth	Maryland O CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	ECITY MO
urs after	BACTIMORE JUSTIAL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Baltimore City	Hospitals	Tive of work for most of working life) Practical Nurse	Residential
in 24 ho	Maryland Bal	TY Dundalk	YES NO X	13° STREET ADDRESS 127 Patapsco Av	ve. 21222
amplete 1 and 2	Unknown	Hackett Hackett	15 MOTHER'S MAIDEN NA	UNKNOWN	LAST
be exect	160 WAS DECEASED EVER IN U.S. AR/ (YES NO RUNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES! 220.14.9	Nan Nan	cy J. Campbell N.E., Albuquerque	87112 N. Mexico
requires that the deoth certificate in signed by the attending physici. Then please remove carbon paper into bund, cremotian, or removal. injury, or ather traumatic event, th	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	NCE OF	DISLASE INAL DISEASE OR CONDITION GIVEN 183	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low recian. has been it permit. ene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (DPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
NG PHYSICIAN: attending physic ter the centrical s the thinditial h ond Mental H riked of Him 18	VID. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER)		19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T LOR PART 2] COUNTY STATE
by the haspital or by the haspital or IERAL DIRECTOR: Af Store Dept. of Health ANT: If them 21 is ma	270 I certify that (I) (this hospit saw the deceased alive on above, (I) (well (did) (did not 27) SEGNATURE	Beaclian	DEGREE ATTENDING	death occurred on the date and hour of	ond from the couses stated 22c DATE SIGNED 2.7 May 8.3
A Ped	5 0 0		THE ADDRESS	a 11	2.4

23c NAME OF CEMETERY OR CREMATORY

Moreland Memorial Pk.

DHMH - 16 50M 1/81 (VRA 15, 4)

Walter Brooks Bradley, Inc., Dundalk, Md. 21222

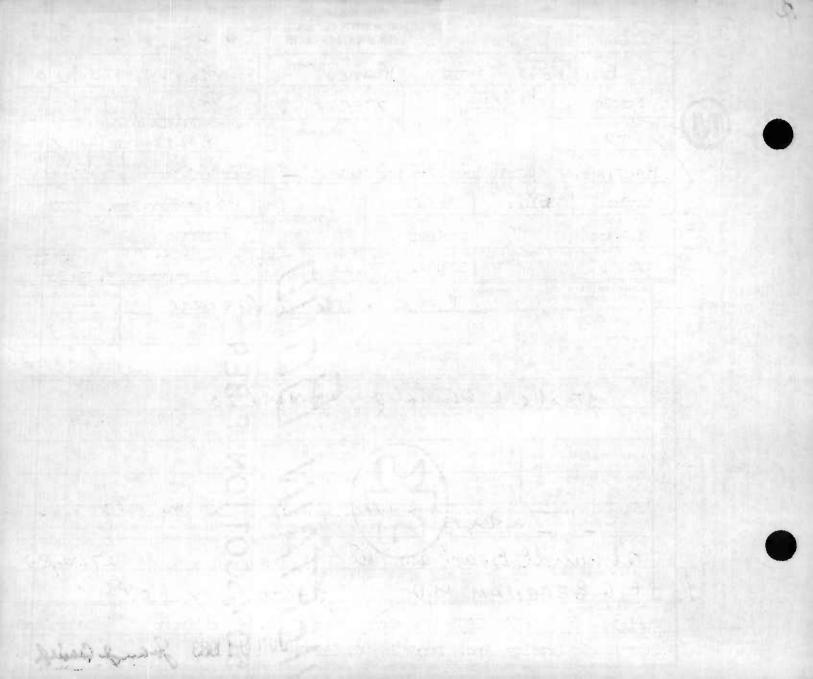
5/31/1983

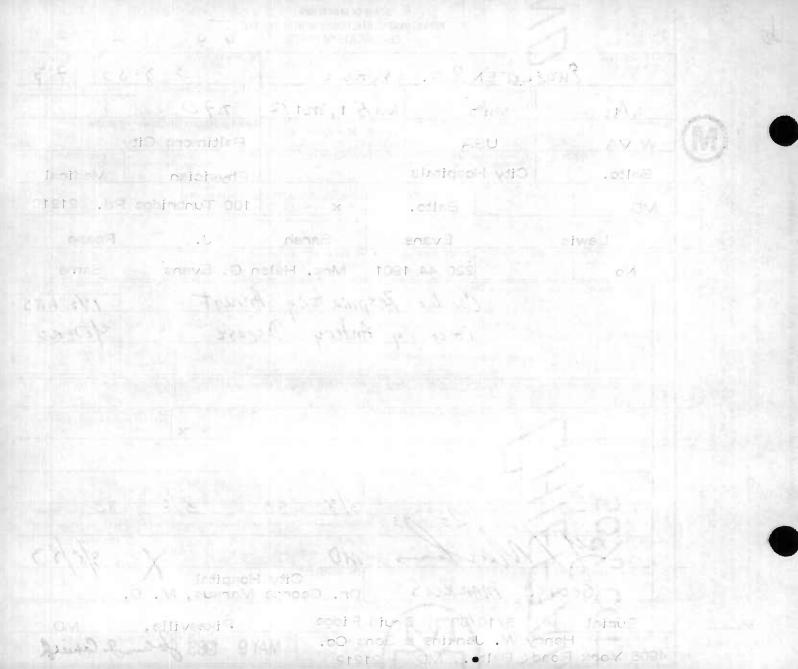
23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

Baltimore Maryland

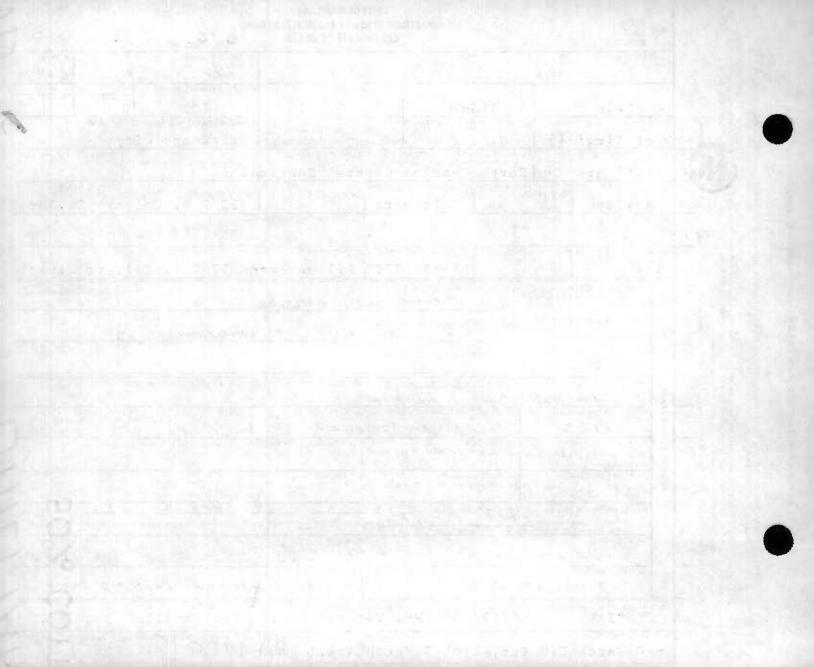


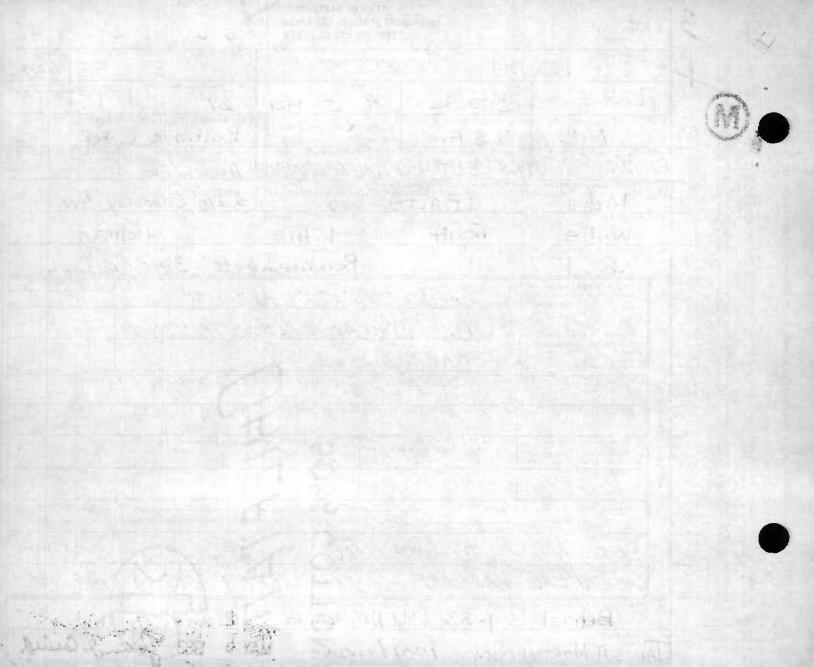


Wm C^{NAM}March F/H Inc. 1101 DES North Ave.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





and completely filled

signed by the attending physician

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the aedical

should be detached for use as the burial-transit permit. Then please remove corbands with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rema

TO FUNERAL DIRECTOR: After this certificate has been

						STATI	OF MARYLAND	distr.	The state of the same	- No				
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		CEASED NAME OR PRINT)	FIRST	٨	HIDDLE	L.	AST		20. DATE O	F DEATH	MONTH	DAY YEA	2 2b 1	HOUR
			ARNET	'TA	D.	EV	ERLY			N	1AY 7	25 19:	83 1	NOON
	3. SE.	X	1	RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRT	(HDAY)	IF UNDER TY		NDER 24 HRS
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00	USU.	AL RESIDENCE (IF NURSIN		THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)						12110	TO I	00.
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de		NO	(# 725, 5112		214-07-	2593	IOLA V.	EVER	LY 47	761 CH	APEL	SQUAR	E. 2	1227
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		underlying cause	last.	DUE TO, OF	AS A CONSEQUI	ENCE OF	PIGH'	A	71610	<i>'</i> '\				Year Co
		PART 2 OTHER SIGN			NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE OR CONE	DITION GI	IVEN IN PAR	Tl(a+	
	õ	SEV	ERE	PUL	-mona	RY 6	SMPHY .	EM	A.					
1	CERTIFICATION	19d. DATE OF OPERATI	ION				N WAS PERFORME	D	20a. AUT	OPSY?	IN CERT	ES, WERE FIN	SES OF D	
/		21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEAT	21b. TIME OF	A. MONTH D.	AY YEAR	21c HOW INJUR	Y OCCURR	RED (ENTER N.	ATURE OF INJUR	8 Mati Mi Y	PART T OR PART	2)	
	MEDICAL	21d. INJURY OCCURRE	ED	21e. PLACE ((AT HOME, STR	OF INJURY SET, FACTORY, OFFICE, F		211. LOCATION STREET			CITY OR TO	M	COUNTY		STATE
		22a I certify that JH (sow the deceased abave, JH (we) (di	d olive on_	5/25	19_	83. or	nd that in (pry) (our	9) opinian (, ta death occurr	ed on the do		, 19 our and fram		, ,
		22b. SIGNATURE	mes (Tank		h		NDING SICIAN [MEDICAL DIRECTOR	STAF		22c. D.	TE SIGN	83
1		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	Circles -		22e. ADDRESS	71 116 -						

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

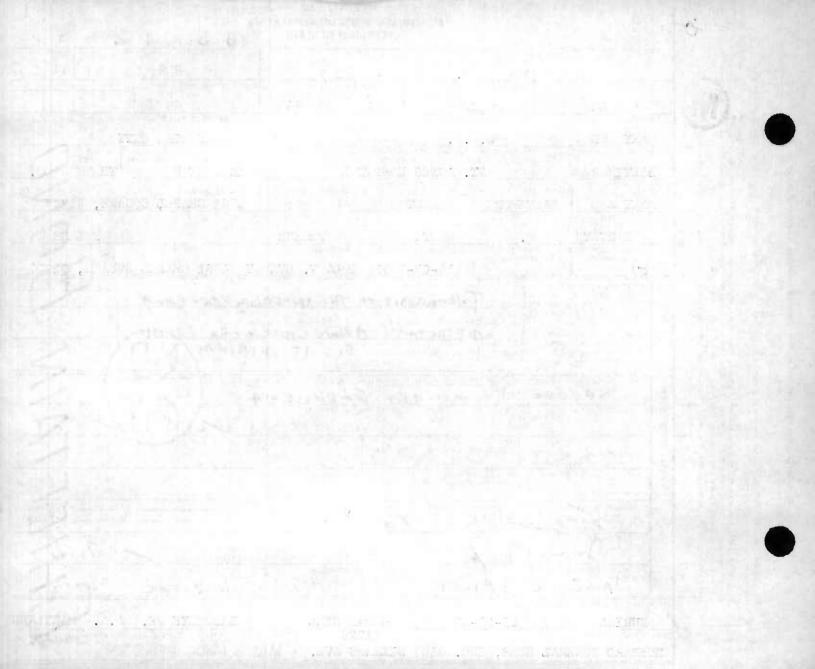
24. FUNERAL DIRECTOR CEDAR HILL 21229 05-27-83 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

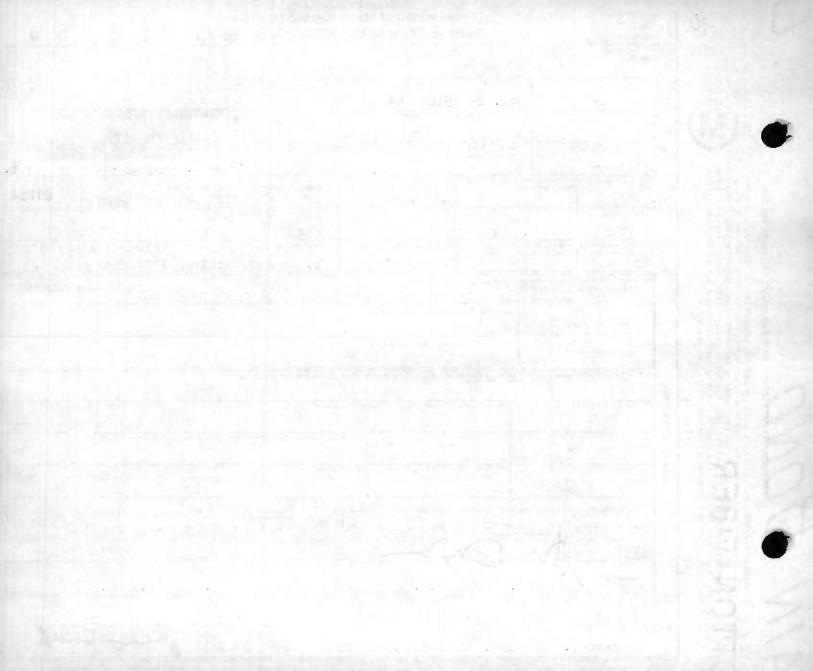
BROOKLYN PK. A.A. MARYLAND

23d. LOCATION

271983



20M 4/B2



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR LITYPE OR PRINTI ANCHE SON 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS In BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED BALTIMORE CIT DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Balto. Retired 13e. STATE 136 COUNTY BALTIMORE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN I YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST Pearl Foster 833 W. Pratt St. 21230 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY: 2 minutes DUE TO, OR AS A CONSEQUENCE OF ABDOMINAL VISCOUS Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ä IN CERTIFYING CAUSES OF DEATH? NO [DIVISION OF VITAL 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION -CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from MAY 83, and that in (my) (our) opinion death accurred on the date and haur and from the couses stated saw the deceased alive on_ obave, (1) (we) (did) (did not) view the bady after death 26. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deta with the State [FUNERAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORTA 238 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE I SPECIFY: Cedar Hill BP. Burial Broklyn Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Eutaw Pl. Chas. A. Rice FSPA 1300 (VRA 15, 4)

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			9 FGPA 1300 P	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR				CERTIF	ICATE OF DEATH	1	O J	NO.	60 -	,		
1	I. DECEASED NAME	Antoin	ette '	AIDDLE	į.	AST	20	DATE OF DEATH		DAY YEA		. HOUR	-
١	(TYPE OR PRINT)	ANNE		E.	FA	LKOWSKI			5-/:	25-18	3	8.15	P. N
1	1. SEX		4. RACE		S. DATE C			AGE (IN YEARS LAST	(RTHDAY)	IF UNDER 1 Y		UNDER 2	4 HRS
J	Female		White				18	65 YRS					841 11-07
ij	TH BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	V	- 0	BALTIMORE CITY		Y OF DEAT	Н		
F	Maryla	nd	U.S.A		WIDOWE	D NEVER MARRIE	_	salfmore City					MC
Ė	18 CITY OR TOWN C	OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTIO	DN 12	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
4	Saltimo	re 1	(IF NOT IN SUC	H FACILITY, GIVE STREET A	Good	Samaritan	Hosp	. Legal			IKT		
-81	USUAL RESIDENCE	IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIM	UTS2 113	e STREET ADDRESS					
	Marylan			Baltimor		YES X NO		1226 Wal		venue	21	239	
0	14 FATHER'S NAME		MIDDLE	LAST	31.74	15 MOTHER'S MAIDE	ENNAME	WIDDLE			LAST		
U	Josep	h	MIDDLE	Resta		Anna		WIDDLE		Mil	ler		
П	60 WAS DECEASED	EVER IN U.S. AF		166 SOCIAL SECUP	RITY NO.	17. INFORMANT		ADD	RESS				
	(YES, NO OR UNKNOW	(IF YES, GT	VE WAR OR DATES)	216-10-6	094	Mrs. Joyc	e F.	Colegrov	e Col	umbia	, Mo	i.	
1	18 CAUSE OF	DEATH (Enter o	nly ane cause per	line for (a), (b), and	1(51)					BETW	PROXIMA	TE INTERV	AL
	PART I. DEA	ATH WAS CAUSE	D BY: TE CAUSE (0)	Cel.	fir (hoch.							
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	Conditions, it	f any, which	(b)	RAS A CONSEQUE	nall	frowel o	Most	uction 1	Perito	mys			
		o immediate	DUE TO O	R AS A CONSEQUE	NCE OF					- 1 13			
		couse lost.	(c)	Metas	fa hi	- Ca. 63	Masi	+.	977 53			170	
		RSIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMINA	AL DISEASE OR CO	NDITION G	IVEN IN PAR	Tila		
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7	M 190 DATE OF C	PERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		IFYING CAL			
3	RTIF							YES NO NO		YES 🗌		NO 🗌	
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	OR CONTRIBUTION (IF EITHER, NOTE 21d. INJURY OF		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNT	Y	STA	ATE
	AT WORK	NOT WHILE AT WORK								11170			
	the second second second		. 11	e deceased from	5/2	, 17		. to 5/2	1-/83	. 19		ot (I) (we	
	abave, (1)		tiew the body			nd that in (my) (our) o	opinion dea	ith occurred on the	date and ha				ed
	22b. SIGNATUI	RE /	mhui			DEGREE ATTEND	DING	MEDICAL SI	AFF	22c. D	ATE SI	GNED	
	1	[]	della			PHYSIC		DIRECTOR PHYS					
	22d. PHYSICIAI	N'S NAME (THE		0111		22e ADDRESS			-11	4.1	,		
	K	FIKES,	H SI	3 HNI		12713 M	dewo	od Dr.	talls	Chun	ch	V	A
	230. BURIAL, CREMA	TION, REMOVAL			AME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	100	COUNTY	2	204	13
	Burial		May 28	3,1983 I	oudor	n Park Ceme	etery		nore,	Mar	yla	nd	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Loudon Park Cemetery

Maryland

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 MAY 26 1983

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	And a Market Service Market Salar Salar Service		

16.	/	FOR		DEPARTA		F MARYLA	ND AENTAL HYGII	NF as	ernal (-	
	1 -	STATE REGISTRAR				ATE OF D		8	REG. NO.	1 2	2	0 1
3 7 6		EASED NAME FIRST Thon		IDDLE 7	LAST	\overline{a}		2a. DATE OF D		30/83		8:004 M
dor, pog	3. SEX		4. RACE	ue	S. DATE OF	BIRTH 13	ŏ5°	AGE (IN YEAR	RS LAST BIRTHDAY	MONTHS YRS.		FUNDER 24 HRS
P(M)		THPLACE (STATE OR FOREIGN DUNTRY)		VHAT COUNTRY?	8. MARRIED	NEVER M	AARRIED	Baltimore	CITY OR CO	UNTY OF DE	ATH	MD.
李 李 影沙		YORTOWN OF DEATH Boltman	11. NAME OF HI (IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET	G HOME OR			TYPE OF WORK F		KING LIFE) INDI	KIND OF EUSTRY	BUSINESS OR 4-Grego
24 hours	USUA 13e. S	L RESIDENCE (IF NURSING HOME OF TATE 13b. COUP	OTHER INSTITUTION, C	Balt	7		NO []	30. STREET AL	BUY	ren St.	212	230
completely s 1 and 2 sh	,	THER'S NAME FIRST	WIDDLE	Fore	ell	Liz	MAIDEN NAM FIRST.		WIDDLE	(unkne	oun)
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ING PHYSICIAN: The low requires that the death certificate be executed within 24 bourser oftending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopaers. Pages 1 and 2 should be till the and Amental Hygiene prior to burial, cremation, or removal, the medical examiner med be marked or them 18 shows any injury, or other traumatic event, the medical examiner and be marked or them.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.		AS A CONSEQU	NCE OF	Luga	hmia	- 340-				
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DHMH ~ 16 50M 4/82 (VRA 15, 4)	24. FI	INERAL DIRECTOR Moully Funeral	Homes	Baltimo 237 E. T	re, Md.	, 212.	25 250. BATE	2. 108	GISTRAR 25b	REGISTRAR'S	Con Con	ich.

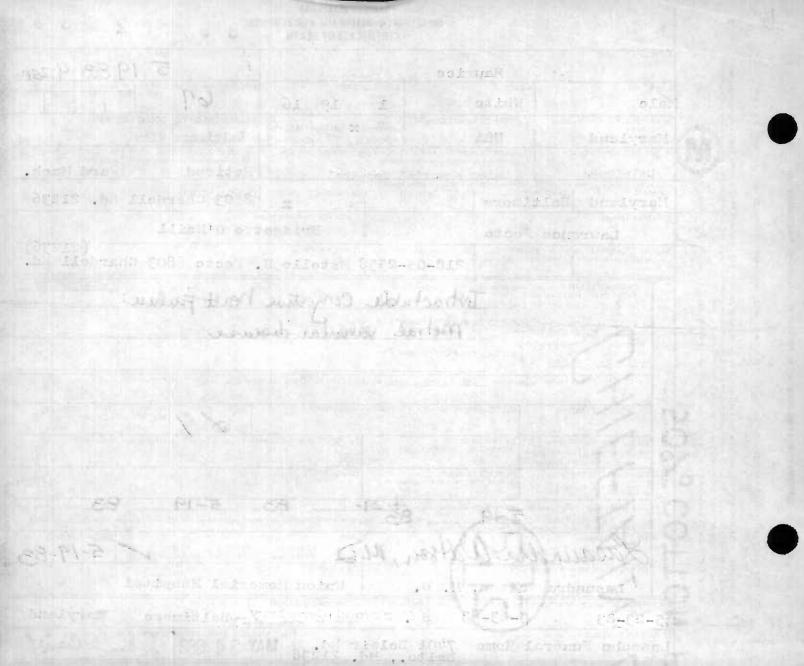
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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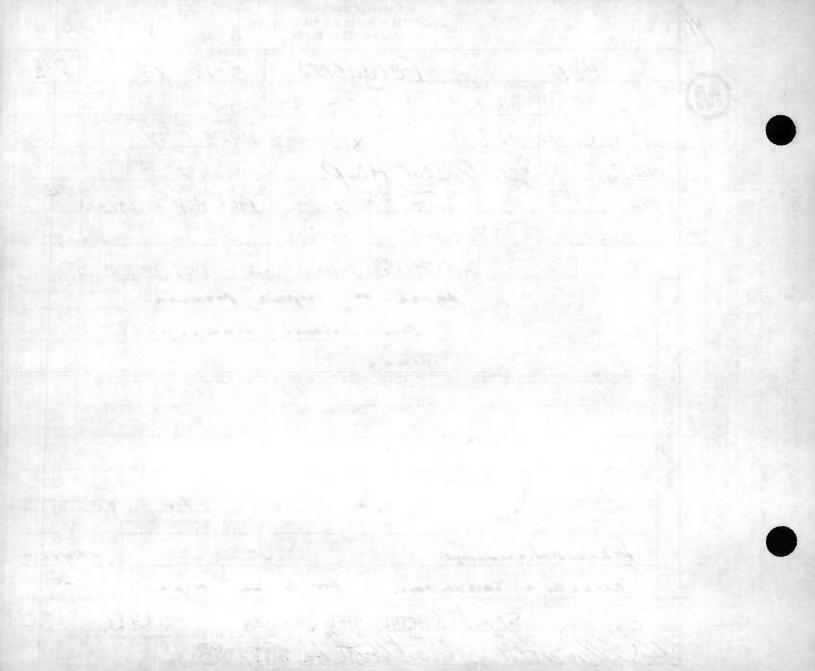
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DIVISION OF VITAL RECORDS,

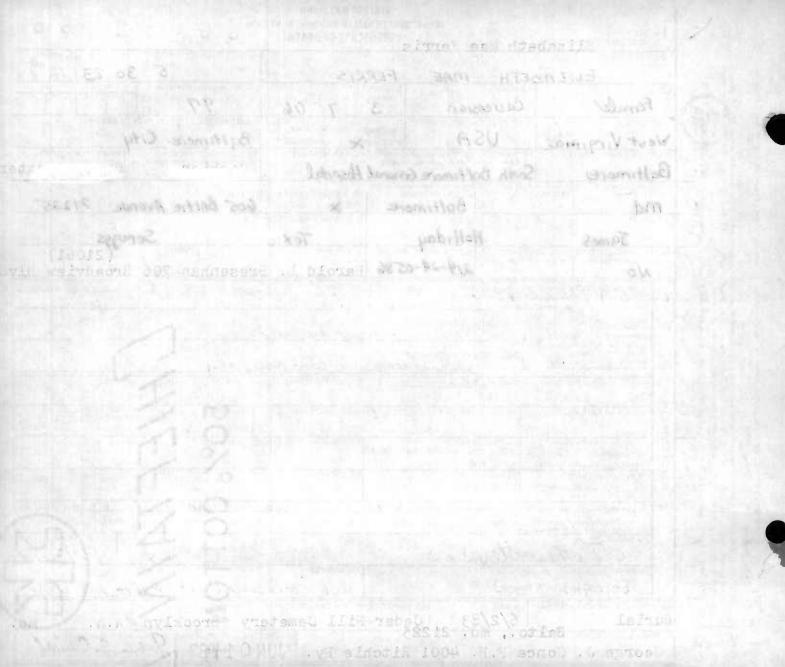
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(VRA 15, 4)

DECEMBER OF THE PROPERTY OF STREET



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		OR PRINT)		Cennic.	III. DAIL OF BEATT	5 30	07	105
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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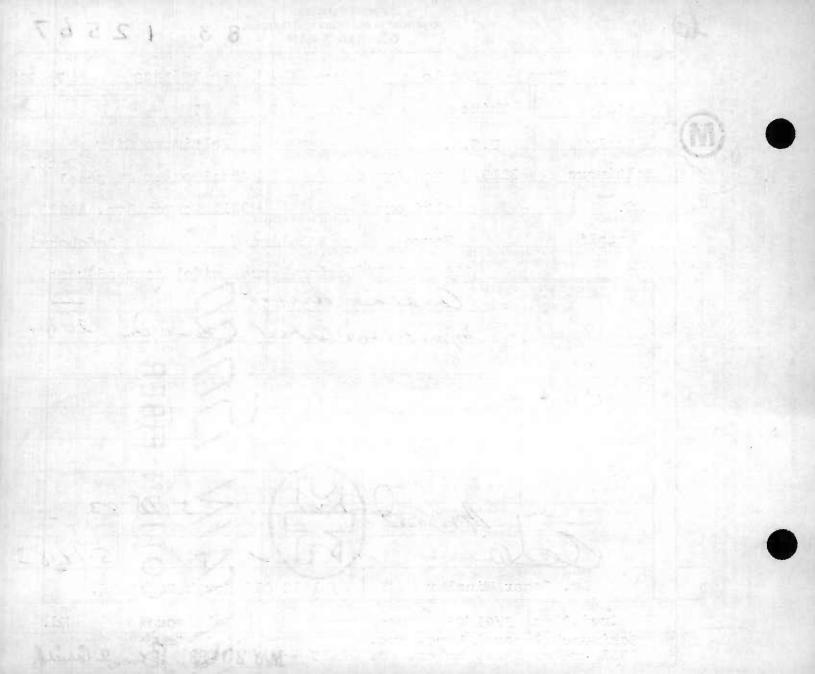
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

12567

REGISTRAR				CERTIF	ICATE OF	EAIN		REG. N	10.	- 1	Tall and the second
DECEASED NAME	FIRST	WID	DLE	ı	LAST		20. DATE	OF DEATH		DAY YEAR	26 HOUR
	Hugo	Ar	ngelo		Ferro		Ma	v 18	1983		7:00AM
SEX	1	RACE		5. DATE C				YEARS LAST BI	RIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		White	2	Sep		1905		77	YRS.	MONTHS DAYS	HOURS MIN.
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Baltimo	re		ACILITY, GIVE STREET A		1110			elwo:		INDUSTRY	
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Md.	136 COUNT	Υ 13	Baltim		YES T	NO [13e STREE			7	21212
L FATHER'S NAME			Darcin	ore		S MAIDEN NA	AME	2 Vel	nyon	ave.	21213
Natal		IDDLE	LAST			FIRST		MIDDLE		LA	
o WAS DECEASED E		ED FORCES?	Ferro		17. INFORMA	<u>atalir</u>	na	ADDR	ESS	Audo	bonni
(YES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)					/-				
			213-09-		Loui	se rei	rro (wife)	same	e addr	
PART I. DEAT	H WAS CAUSED	one couse per lin BY:	e for ion (b), one	I COL	- 1	111	17.			BETWEEN	ONSET AND DEATH
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OR CONTRIBUTING	MEDICAL EXAMINER)	HOUR A.M.	MONTH DA	Y YEAR							
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	eosed alive an _	I) offended the	2225	22	nd that in (my)	(our) opinion	death accur	od on the d	oto and have	19	that (I) (we) last
above, (1) (w 122b. SIGNATURE	e) (did) (did not)	view the body aft	ter deoth.		1 1 1 1 1 1	(our, opinion	deom occom	ed on the d	ore ond hour		
220. SIGNATURE	41	1.	4 -		DEGREE	TTENDING	MEDICAL	STA	FF	22c DATE	SIGNED 1
274. PHYSICIAN	NAME	Jun			100	PHYSICIAN E				101	7183
The state of the s			al		22e. ADDRES						
	DI. RO	ger Win	ster			.012 C	ord No	orth	Point	: Rd.	
3a. BURIAL, CREMATIC		236. DATE		AME OF C	EMETERY OR (CREMATORY	23d LOC			40000	
Cre	mation	5/21/	83 G	reen	mount.		Ba	altim	ore	COUNTY	Md STATE

21213

DHMH - 16 50M 1/81 (VRA 15, 4) 3331 Brehms Lane, Balto. Md.

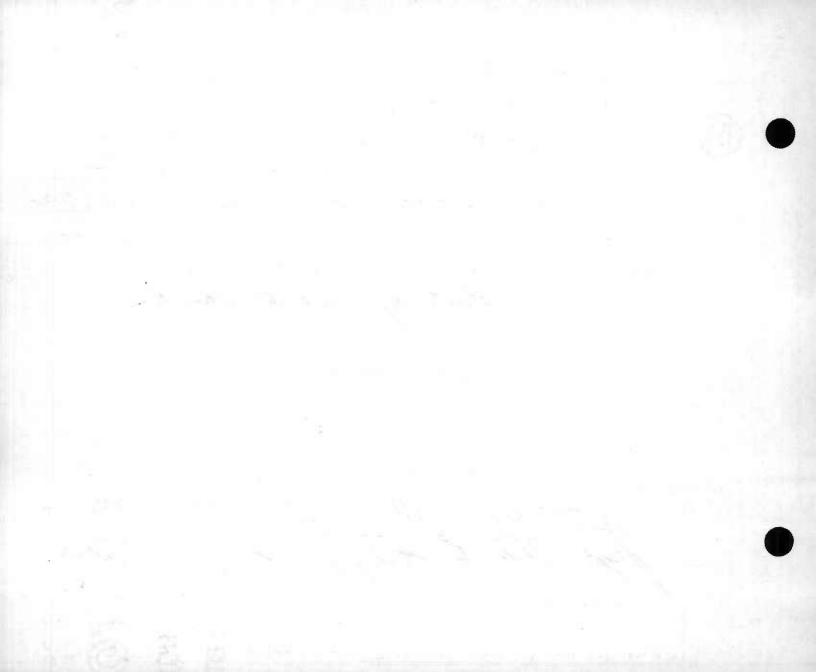


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	PEAY IS NECESSARY, PEASE TO THE FUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. BETHED WITH N 72 HOURS DS. ZOLY THE NEW STREET,	17	TY OR TOWN OF DE.	ATH	II. NAME OF HOSP (IF NOT IN SUCH FAC St. Agne	ILITY, GIVE ST		OR OTHE	R INSTITUT	ION	opera	CCUPATION (1 DE WORKING LIFE)	YPE OF WORK	OR INDUST	JSINESS RY
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BALTIMORE, MD.	JRS AFTER DEATH 3. GIVE PAGES 1, WITH FORM PM 7. PAGES 1 AND DIVISION OF VIT	160 V	VAS DECEASED EVER		D FORCES?	16b. SOC	LIAL SECURITY		7 INFORM	ANT	JR. e 108	ADDRE	SŚ	(2106:	
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۵	E, WRI RWARE PAGE STATE), 21201	-	WHILE NOT AT W		STREET FACTO			3 Autaps		ng Ci		OR TOW Balt		Md.	
	MINER TIFICAL BE FOR ECTOR TH THE	19	death resulted from		causes ,	Accident		Autaps	Hamici	Inspection de .	Undetermin		and in my api	nian	
9	AL EXAL PIR HOULD ATH, WI E, MAR		ACTUAL SIGNATURE	lloy	ente (h	24/	hell	M.I	ASSIS		MEDICAL	EXAMINER	DATE SIGNED	5/13/	/83
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA TAFTER DEATH, WITH THE ST.	-	EXAMINER'S NAME (TYPE OR PRINT)		arita A.				DDRESS			St., Ba	Ito., M	1d. 2120)1
	BE 7/		urial, cremation, i]	NAME OF CEM Lakevi		Mem.		23d. LOCAT CITY OR TO		Balt		Id.
	DHMH - 17 (VR A15 ME (5))		NAME Orge J.		D., Md.		-		- 6		C'D. BY REG	ISTRAR 256 RE	GISTRAR'S SK		

8 b) 2 C [[2 C b] Rate todayago (XSSIS) slenio sellino fina x evenitin (10015) neffs and they 220-22-0232 John William Dollars Ave. Mar. Discharge Conce . L. Cont . Littonia By . MAY 1 7 MG . Sec. A. Cauck

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) OSE 05 08 poge r 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH YEAR MONTHS DAYS HOLLES tuc ASIAN 0 7a. BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED THORE CT WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TVORE AMARITAN tousew IFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LITIMORE NO [5905 GRAZE AVE I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE = Q. AN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216240091 635 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O 0 CERTIFICAT 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei NOF NO [Hygier Hygier YES 🖂 YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21¢ PLACE OF INJURY 211. LOCATION Ď CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE Ð NOT WHILE AT WORK The. I certify that (1) (this hospital) attended the deceased from saw the Deceased alive on , and that in (my) toor opinion death accurred on the date and hour and from the causes stated 17% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ld be deto the State (PHYSICIAN DIRECTOR PHYSICIAN N'S NAME THE DEFRINT 22e ADDRESS 23d. LOCATION 23e BURIAL+6 23b. DATE 13c NAME OF CEMETERY-OR CREMATORY CITY OR TOWN LICRIDGE 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH-16 20M ADDRESS MAY 1983 1211CL

(VRA 15, 4) 7/78



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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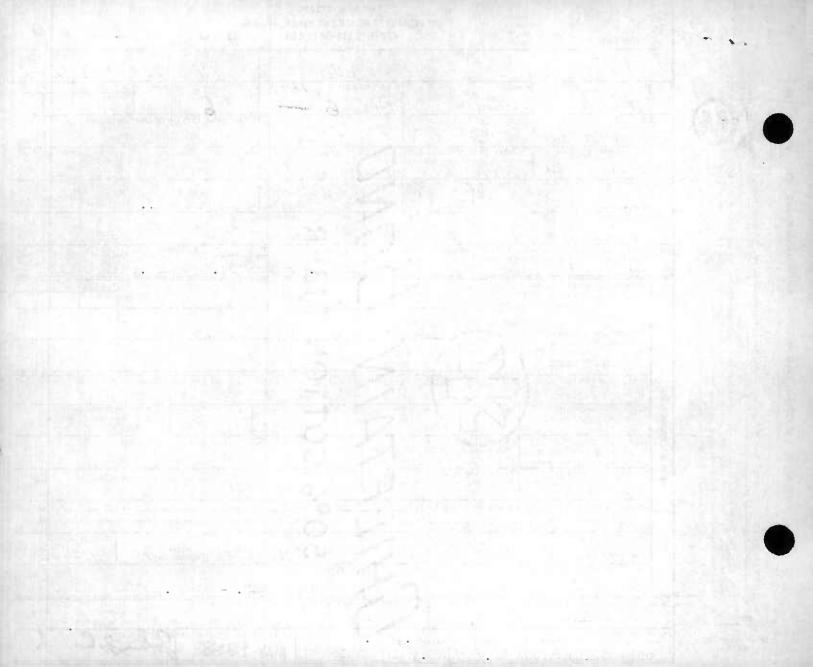
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	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 2	24 HRS	
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5	7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	1	7 6	
4	B	BALTIMORE, MI		9	WIDOWE	DIXX DIVORCED	BALTMORE CITY					
12	10. CI	ALTIMORE, MD,		HOSPITAL, NURSIN THEACILITY, GIVE STREET IN	ADDRESS)	BALT. INC.	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	OF BUSINES	SSOR			
35	13a S	AL RESIDENCE (IF NÜRSING HOME STATE 13b. CO MARY LAND		BALTIMOR	RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMITS?			13e STREET ADDRESS 3632 FORDS LA. #2121				
06	14 FA	ATHER'S NAME FIRST ABRAHAM	WIDDLE	STERN		15. MOTHER'S MAIDEN NAA FIRST ANNA	MIDDLE MIDDLE	W EX	UNKNOWN			
- 8		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT E	MANUEL GORT	TNE	SUITE	900		
	(NO NO UNKNOWN) (IF YES.	GIVE WAR OR DATES)			233 E. REDWO	LTO.,	MD	21202	2		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per	line for (a), (b), and	d (c).1			BETWEEN	ONSET AND D	DEATH		
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4	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI		H?	
9	_	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)			
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		220.1 certify that (1) (this has		e deceased fram_			, to		19			
		saw the deceased alive above, (I) (we) (did) (did	not) view the bady	ofter death.		nd that in (my) (aur) apinian d	leath accurred an the d	ate and hou			ted	
40		Jama de	Stephen	nson, M.	D	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		5/1.	2/83	3	
		22d. PHYSICIAN'S NAME (TYP		,	22e. ADDRESS						4 15	
		LAURA. L. STOPHONSON				SINAI HOSP BALTO., MD						
ii .		BURIAL, CREMATION, REMOV. (SPECIFY) BURIAL	23b. DATE MAY 16			EMETERY OR CREMATORY S ISRAEL ANSHE	23d LOCATION CITY OR TOWN	SEDALE	COUNTY		ATE	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD. BALTO, MD

MAY 1 9 1983



				STATE OF MARYLAND	la der	
4	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL	HYGIENE O	2571
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	Em and a
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OR AT he hasp DIRECT Doched for Docht, or		22b. SIGNATURE	2 22	DE GREE ATTENDIN	IG MEDICAL STAFF	22c. DATE SIGNED
		Thomas S	miller,	M. D PHYSICIA	N DIRECTOR PHYSICIAN	5-2-83
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5 5 5 4 3 3		SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 236. LOCATION	COUNTY STATE
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DHMH - 16 50M 4/82	24. FI	JNERAL DIRECTOR	ADDRECE	4905 York Rd 250	DATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)			nkins & Sons (MAY 3 1083 1	an & Capiel

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	1	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 3 REG. NO	o	251	2
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ond 2 sh	14. F/	Samuel	MIDDLE	Goodma	an	15. MOTHER'S MAIDEN NA	me ce L.Blanker		LAST	
oe execut n and co . Pages I		VAS DECEASED EVER IN U.S.	S. ARMED FORCES? ES. GIVE WAR OR DATES)	217-07-10	-	Mr. Charles E	Filliaux,	ss Same as	above	
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OR ATTENDIN e hospital or DIRECTOR: Af DOPE OF USE o Dopt: of Health		220.1 certify that (I) (this has saw the decease alive obove, (I) (did) did)	e on	5/10 10 19	£3. or	d that in (my) (our) pinion	death occurred on the do	10, 19 ste and hour a	nd from the cous	(li (we) ost
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HOSPI sined b FUNEI buld be th the Si		27 PHYSICIAN'S NAME (1	0 11	sen, n	10	30/ ST, Pa	u/ 8/ B	altimo	re, md	1 21207
PP———		BURIAL, CREMATION, REMO SPECIFY) Burial	OVAL 236. DATE May 14			emetery or crematory	23d LOCATION Baltimo	re. (O. Mary	Land
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Cully Funera			2	1230 250. DAT			RS SIGNATURE	wiel

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X	1.	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	BIENE 8 3	12	573
oy be age 3 death		CEASED NAME FIRST	RLES Henry	FINIC, Jr.	20 DATE OF DEATH	05 05	YEAR 26. HOUR 5.03 P.M
ge 4 moy	3. SE	MALE	1. RACE CAUCASIA N	5. DATE OF BIRTH MONTH OAY YEAR 12	6. AGE (IN YEARS LAST BIR	THOAY) IF UNC	DER 1 YEAR IF UNDER 24 HRS
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be exection and crs. Pages		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR GATESI	726A Kathryn H.	Fink, 78		21234 Harford Rd
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BP	ਦੇ ਪੁੱ	Burial	May9,1983 Mo	reland Mem. Pk.	E REC'D. BY REGISTRAR	le, Bal	to Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)			d., Balto., Mo	11011111	Y 9 1983	John	y coming

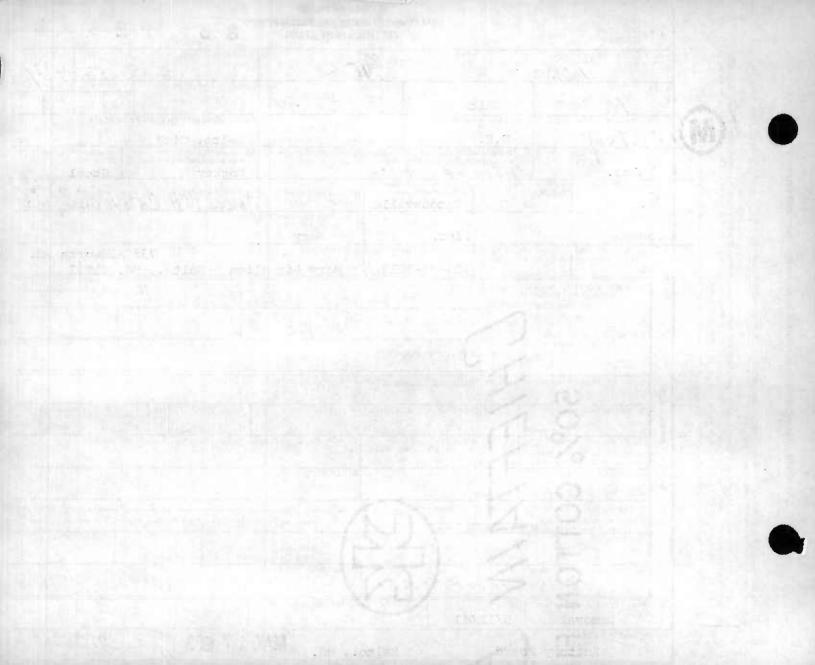
ASSOCIATION CONTRACTOR OF THE PARTY OF THE P THE RESERVED CONTRACTOR OF THE PARTIES. ADDITION . S . No. 1 E . . Cortagn methym old field and the methy and the ACHTER C. LECTA DE ELLES.

N. 18			STATE OF MAKTLAND	
A X	4	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	1.	DECEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 126 HOLD
. 74		YPE OR PRINT) ALBER	er 1 Finisis To	
4 60		11000		5-18-83 12°5/m
1	3.	SEX	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
100	40	MAIF	BIACK 7 21 15	67 YRS MIN.
2 Del	70	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEATH
€ ED 8/	75	COUNTRY)	MARRIED WEVER MARRIED	10.11
9 1 to 1	-	Tenn.	WIDOWED DIVORCED	BALTIMONE CITY MD.
1 13 1	0 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
to + 10	1	3Altimone	4003 W. FOREST PK, AVE.	Retired P.O.
8 5 4 4	-87	UAL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	THE TOTAL THE TO
4 35 50	15	o. STATE		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Ma.	BACTO, YES V NO	4003 W, FOREST Pt. AVE.
vith	1	FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN N	MIDDLE LAST
omplet 1 and 2		Albert A. L	inley SR. MAR	V Cook
3 2 -	/ 16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT,	A M ADDRESS - 4803 IN HORE
Poges		(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) A DERT	H. Finley III
			and I sould	* Amenimum 10 TARK AV
icate b hysicia papers. aval.	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line	ROXIMATE INTERVAL MEEN ONSET AND DEATH
phys anpop emovo event,			ATE CAUSE (a) GOOD ENLESLENOT THE	morrhoge.
		5250		. 5 .
death attendi		000	DUE TO, OR AS A CONSEQUENCE OF RENUL 7	tailuse
the death co		Conditions, if any, which gave rise to immediate	(b) Crowsee Merce 7	
t tain		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
by by sose sl, cr		underlying cause last.	(c)	
gned I en pleo buriol rry, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
of the signature	1 8		Corebral Unsullan acc	redent
0 - 0 >-	7	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
lo se p	1 8			IN CERTIFYING CAUSES OF DEATH?
te hos sit per giene shows				YES NO YES NO
offending physicione for this certificate by the buriol-tronsit on the Mental Hygien rked or frem 18 sho			The same of the sa	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
certification of the central them	7	OR CONTRIBUTING CAUSE OF DE		
ding burn	1	21d. INJURY OCCURRED	21e. PLACE OF INJURY 211 LOCATION	
the the ond	2 2		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
or offer the as the orling of the order morked	- 1	AT WORK AT WORK	200 10 17	7 72
Heo Heo			pital) attended the deceased fram May 12 19	3, to May 18, 19, 85, that (1) (we) lost
spite CTO CTO I for		sow the deceased alive a	n	on death occurred on the date and hour and from the causes stated
RE RE		226. SIGNATURE	DEGREE	22c. DATE SIGNED
the or the process of		Frinkl	in I (11 1 Man my ATTENDING	MEDICAL STAFF 5/18/83
HOSPITAL FUNERAL MId be dett h the State	-	224 BHYSICIANIS MANT	PHYSICIAN	DIRECTOR PHYSICIAN J
od bed be She StA		224 PHYSICIAN'S NAME (TYP)	OR PRINT) 220 ADDRESS	12 1 1 1 1 1 1 m
		Francia	n J, Hadron 501	O YORK ROOK BUILDS MIC
She She	23	a. BURIAL, CREMATION, REMOVA	L 236. DATE 236. NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION ,
BP		(SPECIFY) RUD! al	5/21/82 (Paule 10 Coll	CITY OR TOWN COUNTY STATE
DF	24	FUNERALDIRECTOR	1 - 100 COUNTSHIE REPLIE	DATE DECID BY DECISTRADISE DECISTRADIS SIGNIATION
DHMH - 16 50M 4/B2	1	NAME	11 /2/1 DDRESS Ald	DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
- (VRA 15, 4)		pallers 7	. 11 - 10481. appound	IN 20 1000 Journal

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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(VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC ATE OF DEATH

	8 S	10.	4	•	3	1	0
	20. DATE OF DEATH	MONTH	DAY		YEAR	2b. HC	UR
		MAY	15,	. 1	983	9:4	47A. _M
	6. AGE (IN YEARS LAST B	RTHDAY)			RIYEAR		ER 24 HRS
124	58	YR		VIHS	DAYS	HOURS	MIN.
	9. BALTIMORE CITY						
	Baltimo	ore	Cit	y,			MD.
	170 USUAL OCCUPATION OF WORK FOR MOST Janitoris	OF WORKIN	G LIFE)	IND		F BUSII	NESS OR

		REGISTRAR			CERTI	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST CATHE		MIDDLE		RST	20. DATE OF DEATH	MAY 15		3 9:47A.
	3. SE	× Female	4. RACE Wh:	ite	Sept		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	R IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland ITY OR TOWN OF DEATH	76. CITIZEN OF United	what country? States	8. MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY C Baltimo	or Cit	ty,	MD MD
35	1	Baltimore	Church	h Hospit	pl C	orp.	Tanitoria	OF WORKING LIFE)		OF BUSINESS OR
35	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF ATATE 136 COU		Baltimo:	N	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 904 S. Be	lnord A	lve.	(21224)
30	2	Raymond	MIDDLE	Clark		15. MOTHER'S MAIDEN NAME FIRST Elizabeth	MIDDLE		enz	AST
event, the medico	160 V	VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	216-18-		Clara Roge:	rs 906 S. B		Ave.	(21224)
ony injury, or other troumotic event		18. CAUSE OF DEATH / Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	CARDIAC A R AS A CONSEQUE RESPIRATO R AS A CONSEQUE PROBABLE	RREST NCE OF RY AR NCE OF PULMO	REST		IDITION GIVEN		XIMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFY!	NG CAUSE	INGS USED S OF DEATH?
Item 18 shows	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	R) P.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE				
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
If Item 21 is morked or Item		22a.1 certify that (1) this hosp sow the decreased alive or above, (1) (we) Idia I did no	NARY .	1 [MAY 83 , .	nd that in (my) (our) opinion (, to <u>MAY 15</u> death occurred on the d	ote and hour a	83	, that (l) (we) ast e couses stated
ZT: # Hen		27h. SIGNATURE William	mi R	le Loos	/	DEGREE 1 D ATTENDING PHYSICIAN	MEDICAL STA	FF	22'MA	1,513,81383
MPORTANT		22d. PHYSICIAN'S NAME (TYPE)	OR PRINT) WILL	IAM R. RE	DWOOD	BROADWAY, BA	H HOSPITAL LTIMORE, MA		ATION. 212:	•

Burial

230 BURIAL, CREMATION, REMOVAL 23b. DATE

May 18,1983

23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery

BALTIMORE, MARYLAND

ORY

23d LOCATION
CITYORTOWN
BALTIMORE, -

Maryland

24. FUNERAL DIRECTOR

Lilly & Zeiler Inc. 1901 Eastern Ave./21231

9 1983

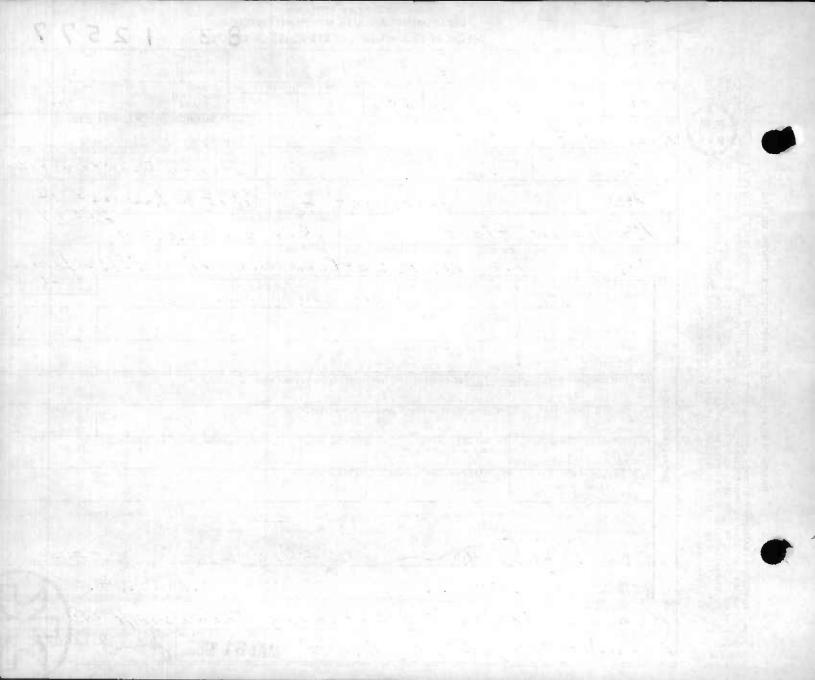
BP. DHMH - 16 50M 4/82

should be detached for use as the with the State Dept. of Health and TO FUNERAL DIRECTOR: etoined by the hospitol

(VRA 15, 4)

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sted -	distantif vie	io -	Baymond
COÉ S. Pelnord Ave. (*1328)	6-12-100 Clara Roser	45	OM
Balliore, - , Marrland	Same Ave. / 1931		

20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CERTIF	ICATE OF D	EATH	8	REG. NO	o. •	6 3	1	Q
		CEASED NAME OR PRINT)	LEROY		FL	OYD	AST		20. DATE OF	DEATH	MONTH 2	DAY YEAR	2b. HOU	
	3. SEX	(V.	4. RACE	3 10 10 10	5. DATE C			6. AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER I YEAR	HOURS	24 HRS
		Male		В	lack	6	3	28	5	4	YRS.	MONINS DATS	HOURS	Min.
1	7a. BIF	RTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	NEVER /	AAPPIED T	9. BALTIMO	RE CITY O	R COUNT	Y OF DEATH	1/10=	
	S.		na	U.	S.A.	WIDOWE		VORCED	BALTI	MORE	CITY			MD.
1	10 CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INST	MOITUTI	120. USUAL				OF BUSINE	ESS OR
7	B	ALTIMORE			MEMORIAL		TAL		TITLE OF WORK	CTOR MOST OF				
5	13a. S		13b COUP		Balti	N	13d. INSIDE C	ITY LIMITS?	13e STREET 1	ADDRESS 3 Kir	ngsw.	ay Roa	d 21	218
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'	S MAIDEN NAM	ME	WIDDLE		(1	AST	
U		Style		Moore	Floyd		Sa	rah					own	
		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRE	SS	11111		
	,	NO	18 763, 61	E WAN ON DAILS)	249-34	-568	Emma	M.F1	oyd 1	533 I	King	sway R	oad	
		PART I. DEATH 4/5/ Conditions, if or	IMMEDIA	D BY: TE CAUSE (0)	Right - 512 RAS A CONSEQUE Pulmon	hce of	myes tirce	heart, recur	. Anil	live			XIMATE INTER I ONSET AND	-
	NOI	gove rise to it couse (o), sto underlying cou	ting the se lost.	(c)	R AS A CONSEQUE	100					DITION GI	VEN IN PART 1	101	
1	CERTIFICATION	19a DATE OF OPER	NOITA	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFC	RMED	200 AUTC	NO 🔀	IN CERT	S, WERE FIND IFYING CAUSE ES		TH?
7		210. ACCIDENT WAS LOT OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NA	TURE OF INJUR	RY IN ITEM 18	PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCU	WHILE O	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATIO STREET	N		CITY OR TO	WN	COUNTY		STATE
			osed olive or	~/~	24 19		nd that in my	(our) opinion o	deoth occurre	5/2		ur and from th	e couses st	we lost oted
	3	22b. SIGNATURE	les (- Drais	-	M		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🙈		E SIGNED	}
		22d PHYSICIAN'S		lana			Unid	n Men	nurial	Hos	pita	1		
H		BURIAL, CREMATIO	N, REMOVAL	23b. DATE 5/28			emetery or us Mer	CREMATORY Pk.	23d. LOCA	Butu:	s	COUNTY	Md	STATE

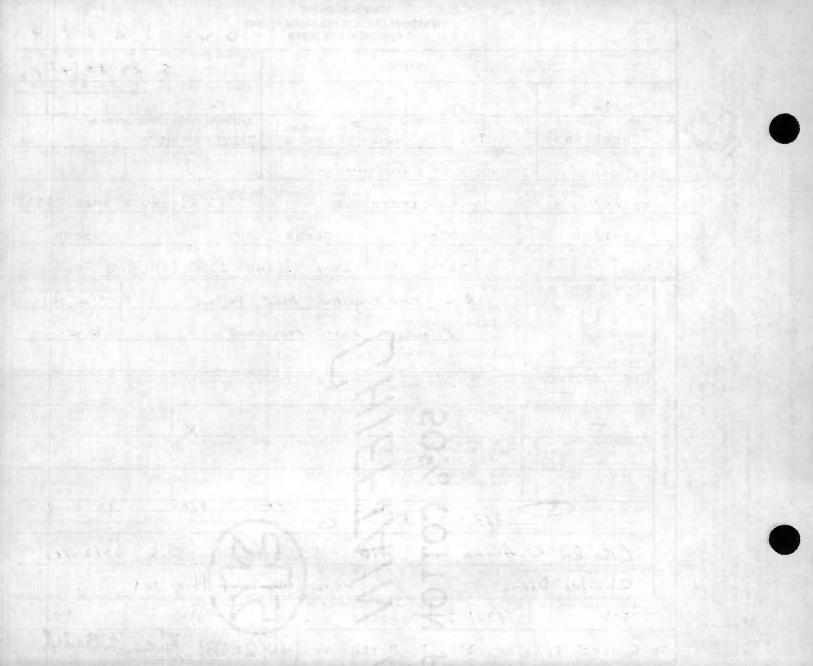
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

FOR

REGISTRAR'S SIGNATURE

MAY 26 1983 Wm C^{ME} March F/H Inc. 1101^{DDRSE} . North Ave.



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	, ,	1			STATE OF MARYLAND		
	5	11	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL I	TYGIENE O	2 4 8 0
		1.		Jackson Ford	CERTIFICATE OF DEATH	REG. NO.	4
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	4 2 Pe	(14)	EORPRINT) AND RI	EW JACKSON	1 FORD	51	27/83 3120 AM
	moy page	3. 58		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ode 4	1	MALE	WHITE	3 20 YEAR 5	4 29 YR	s.
	a Rem	Dr. W	OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
	deot		W. VA.	USA	WIDOWED DIVORCED		MD.
	1 13 A/	10 0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
102	os all e	AA	SALTO:		EN 1 HOSPITA	Chem. Operator	7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	4 hou	USU 130.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) VN 113d. INSIDE CITY LIMITS	? 13. STREET ADDRESS	(21061)
N N	filled filled			A. GLEN BU	RUIE YES NO 1	? . I3. STREET ADDRESS 108 G. Warwic	kshire Lane
RYL	2 sty	ATT. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
WA	po old puo	V.	Calvin	W. FOR		ANNA	Douglas
E,	d co		WAS DECEASED EVER IN U.S. AF	CORE AND DE DESCRIPTION OF THE PARTY OF THE		ADDRESS	
WO	n ond Poges	4	No No	217-62	-7679 Priscilla	a Ford (same as 1	3e)
ALT	ite b		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), ar	nd (c).) A	0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	phy: npol mov		PART I. DEATH WAS CAUSE	TE CAUSE (0) / YOCA	4/. 1 - 1	aretiON	
N	ding orbo		4100	DUE TO, OR AS A CONSEOU	ENICE OF A	0	0
STO	death contending officers of the contending of t		Canditions, if any, which		bosiz lette	anterio descer	ling
PRE			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	TAUCE OF		8
₹	by the		underlying cause last.	DUE TO, OR AS A CONSECU	ENCEOF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
201	ned pled		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
ZDS,	Then to b	NO	STATE OF STATE				
8	been been ony in	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
1 26	The lo	Ē	1000			YES NO	YES NO
ATI/		H W	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	18 3 41 (G A ART 2)
OF.	SICIAN: ng phys certifica rial-fror ental Hy Item 18		OR CONTRIBUTING CAUSE OF DE		AY YEAR		1
NO	HYS) ading als ce buri I Mer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
VISI	or offer the cost he offh and morked	\\	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITORIOWA	31412
ō	Or or or se os			ital attended the deceased from.	5/24 19 %	3 10 5/27	1983 , that (Iv we last
	spitol CTOR I for u		sow the deceated at ve as	5/2719	83 , and that in (my on) apir	nion death accurred on the date and	hour and from the causes stated
	R AT hosp hosp ned fight. cem		22b. SIGNATU	of ew the bady after death.	DEGREE		22c. DATE SIGNED
	the Distriction of the Districti		1/4/1	1	ATTENDIN	MEDICAL STAFF	5/27/83
	HOSPITAL ned by 1 FUNERAL sld be det the State ORTANT:	H	22d. PHYSICIAN'S NAMED (TYPE	OR PRINT)	22e. ADDRESS	- Director - Intolerative	
	O HOSPITA etoined by TO FUNERA should be de with the Stot		2166		3001 8	HANDUER 9T	3ALTO 2/238
	TO HOSPITAL of tetained by the TO FUNERAL Is should be deto with the State IMPORTANT: If	220	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO		בווים כוים
			(SPECIFY)			CITY OR TOWN	COUNTY
	BP	_	urial UNERAL DIRECTOR Balt	3/31/83 Md 21225 G:	len Haven Mem.	DATE REC'D. BY REGISTRAR 256 ABO	SISTRAR'S SIGNATURE
	DHMH - 16 50M 4/82		NAME	ADDRESS		JUN 0 1 1983	an & Cohuld
	(VRA 15, 4)	G	corge a. Couce	F.H. 4001 Ritch	nie Hgy	1011 0 1 1900	

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	officence of terms (200) and (200) a	0.11
ę	1/4	
	ENVOY, ONLY	i ciglio
chie may.		

IJAN: The law requires that the death certificate be executed within 24 hours after deatt cian. If it is that has been signed by the attending physician and completely filled in by the funeral nist permit. Then please removes that one of the please removes the permit of the please removes. Pages 1 and 2 should be filled within 72 h Hygiene prior to burish, cremation, or removal. If shows any injury, or other traumatic event, the medical examine must be no fifted.		1	FOR - STATE	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 3 1	2 5 8 1
			REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 12b HOUR
y be ge 3 sath		JTYPI	BEATRICE	MARY	FORD	5 2	
ige 4 mai sector, pa	nce.	3. SE	× F	W RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
death. Particular direction 72 hours	7 (0	70. B	RTHPLACE ISTATE OR FOREIGN 7	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore City	OF DEATH
aft aft	0 4			11. NAME OF HOSPITAL, NURSING 18 NOT IN SUCH FACILITY, GIVE STREET A 823 W. 33rd. St	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE BOOKKEEPET	126. KIND OF BUSINESS OR
24 ed be	amine m	13n	ARYLAND IS COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13 C. CITY OR TOWN BALTIMO	TE YES TO NO	13n STREET ADDRESS 823 W. 33rd Stre	eet 21211
)	WILLIAM D	FORD, Jr		ELIZABETH 1	MIDDLETON
be age	the		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 1 IF YES, GIVE Y	AED FORCES? I66 SOCIAL SECUR WAR OR DATES) 212-10			N. 33rd Street RIGHT MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the designed by the attensigned by the attensing please remove callo burial, cremation	injury, or other	z	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	careenomia of Sig	mond Colon-	EN IN PART 1(o)
V: The law te has bee permit. Ti	shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIA ng physician this certific urial-transif	or Item	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI JIF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART (ORPART 2)
DING ttendii After s the b	is marked	MEDI	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
DIRE sed feet.	21	X,	22a.] certify that (I) (Nos nospite sow the deceased alive on a above, (I) (we) (elid) (did not)	view the body ofter death.	DEGREE	death occurred on the date and hour	19, that (we) last r and from the couses stated 22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL I should be detach with the State D	IMPORTANT: If Item		HER MAN W		ATTENDING PHYSICIAN E	DIRECTOR PHYSICIAN	21207
BP	2	23e I	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY		COUNTY STATE
DHMH-16 (VRA 15, 4)			JUNEAL DIRECTOR NAME ALAN SEITZ, JR.	3818 Roland Ave		E REC'D. BY REGISTRAN BY REGISTIN 3 1983	

ALLIAM D FORD, Jr. RUBY MIZABETH MIDDINTON 831 W. 33rd Street MO 212-10-37h2 MESS HIDA CARMILUS BALTO WINCEVIXME, W						
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0		- STATE REGISTRAR		CERTI	FICATE OF DEATH	8 3 REG. NO.	1 2	. 5	5 3		
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MON	ITH DAY	YEAR	26 HOUR		
	3. SE	CORA	P		STER	5	3/	83	6:40 8		
1		F	RACE	MONT	of BIRTH DAY YEAR 96	6 AGE (IN YEARS LAST BIRTHDA	YRS.	DER I YEAR	HOURS MIN		
1		COUNTRY	6 CITIZEN OF WHAT COUNTRY?	8. MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF	DEATH			
4		VIRGINIA	NSA	WIDOW	ED DIVORCED	BALTIMOR	FC	ITY	٨		
	R	ALTIMORE		ADDRESS)	MARYLAND	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIEE) 1	ZE KIND C	DE BUSINESS O		
1	13a :	AL RESIDENCE (IF NURSING HOME OR OF COUNT ARYLAND		N .		130 STREET ADDRESS	TON	AVE	NUE		
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G		Ceasay	maille W	4	mary	MIDDLE		Ba	Mand		
1		VAS DECEASED EVER IN U.S. ARM		IRITY NO.	17 INFORMANT	ADDRESS			-1000		
	(YES, NO OR UNKNOWN) (IF YES, GIVE	219-12-	6234	mu. Beater	ia Carten	-3710	AAn	Panile.		
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), on			de de des		-	MATE INTERVAL ONSET AND DEAT		
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		39/	CA00E (0)		MONARY AR	REST		0 2	J 141		
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	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
9	CERTIFICATION	No DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	128s AUTOPS#7 128	IF YES, WE	RE FINITION	dris neen		
4	湿					U IN	CERTIFYING	CAUSES	OF DEATH?		
	184	21s. ACCIDENT WAS UNDERLUNG. [7].	216 TIME OF INJURY		121: HOW INJURY OCCURR	ED (SAIGE MATURE OF MUNIEY PA	YES [OF FLET II	NO []		
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-1	ME	well [] wolvest []	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	SCREET.	CITY DATIONIN		COUNTY	HATE		
-1		AT WORK		-	1/1- 0-	-1-		-			
-1		27s I certify that (this hospital saw the deceased able on	and the second	83	19 0 5	_ 10_ 3/3/	19_6		that (1) (we) le		
- 1		obove, (f) (we) (did) (did not)	yew the body after death.		nd that in (my) (our) opinion a	leath occurred on the date o	nd hour and	I from the	couses stated		
		77h SIGNATURE	a tamp	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	×	221. GATE	1/83		
		THE PHYSICIAN'S NAME ITHE OR	0		27# ADDRESS				1		
		JOHN A.	LAMPE		UNIVERSIT	TY OF MAR	YLAN	p f	OSPITA		
	23o. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF C	CEMETERY OR CREMATORY	123d LOCATION					
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ATTENDING PHYSICIAN:

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STATE OF MARYLAND

1	STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	8 3		2 5	8 5
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	E OR PRINT) HAMA	4	ClAU	1	Fox sr	2 2	22 8	13	343
3 SE	male 1	Wh	ite '	S. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
.≯d B	BAHMONE 15TATE OR FOREIGN 76	1	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	OR COUNTY O	C. to	-7 MI
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130 a	AL RÉSIDÈNCE (IF NURSING HOME OR OTI STATE aryland		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130. 270500000000000000000000000000000000000	ley Ave	e 21	215
14 F	ATHER'S NAME WITTLIAM MD	DLE	Fox		15. MOTHER'S MAIDEN NAM Aurelia	WE	В	ronner	st
	WAS DECEASED EVER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
	No		216-01-1	137	Mrs Viola A	FOX	Same 2	As 13e	
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NO	PART 2. OTHER SIGNIFICANT COI	nditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a.
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO			NGS USED S OF DEATH?
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A., P.,	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE FA		21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
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	27h SUNATURE	UK	led n	1.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAL		22c. DATE	SIGNED 4/83
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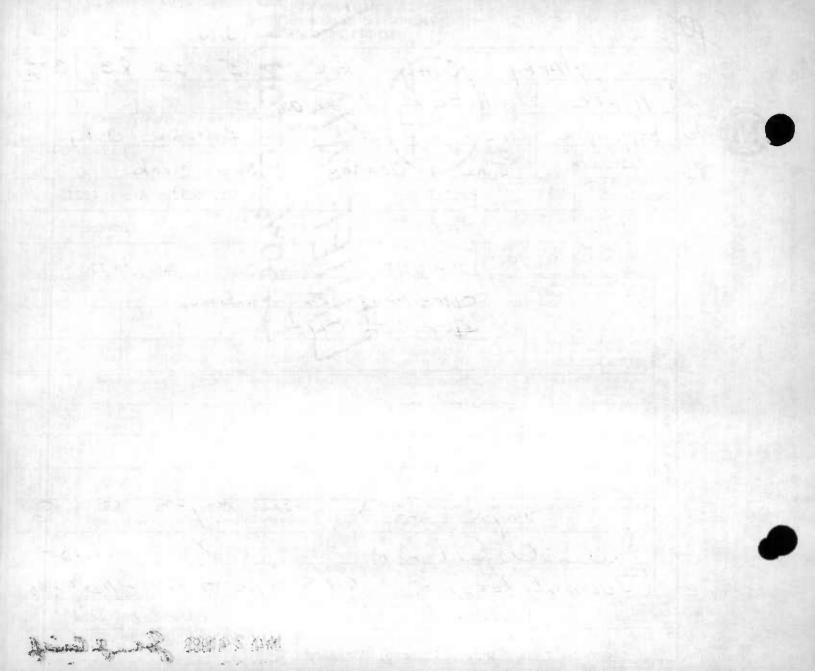
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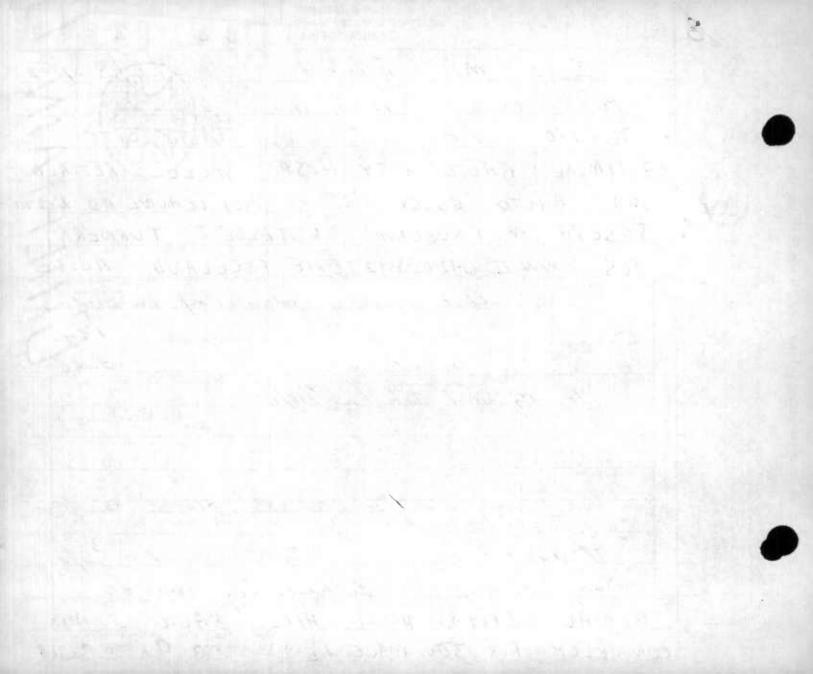
230 BURIAL, CREMATION, REMOVAL BURIAL 23b DATE 5/25/83 230 NAME OF CEMETERY OR CREMATORY

Loudon Park

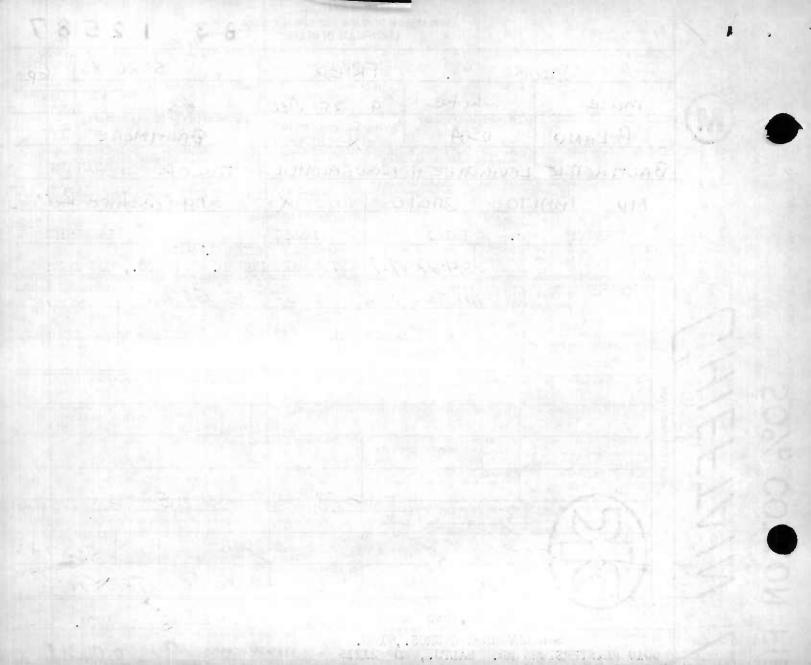
Baltimore, Maryland

Leonard J Ruck Inc. Baltimore, Maryland





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINTS 83 5 26 Jacob 3 SEX S DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HR male 1900 BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! CLOTHES -0R Tail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 3019, ROMARICACTA. 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 21209 MIDDLE MOLLIE FINKELSTEIN **ABRAHAM** FRIED MEYER Z. FRIED 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! 5714 OAKSHIRE RD. BALTO., MD NO 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 20g AUTOPSY? 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an_ , and that in (my) (pur) apinion depth accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. DEGREE ATTENDING MEDICAL STAFF should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (THE OFFICE) 22e ADDRESS 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE MAY 29,1983 BURIAL RUDOMER VEREIN ROSEDALE BP BALTO MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. DHMH - 16 50M 4/B2 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO., MD 21215



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DESCRISED NAME MIDDLE 2b. HOUR 1983 May 21, Milton Friedman 10:25 M 4 RACE IF UNDER 24 HRS 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR T O DAYS 28 Male White YRS. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISLATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City MARYLAND USA WIDOWED FX CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pleasant Manor Nursing Center CHAUFFEUR CABS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13e STREET ADDRESS 13d, INSIDE CITY LIMITS? BALTIMORE 6510 GARDENWICK RD. 21209 MARYLAND BALTIMORE YES [NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE MORRIS FRIEDMAN BETTY UNKNOWN ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-03-2819 MR. LEONARD FRIEDMAN 6510 GARDENWICK RD. WWI-ARMY CAUSE OF DEATH (Enter only one couse per line for 19), (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to couse

Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from

sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE **DEGREE** 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT

PHYSICIAN 22e. ADDRESS

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

BURTAL

FOR

- STATE

YES

CERTIFICATION

MEDIC/

ò

23c NAME OF CEMETERY OR CREMATORY MOSES MONTEFIORE CEM

23d. LOCATION

BALTIMORE

NOP

COUNTY

YES [

STATE

NO [

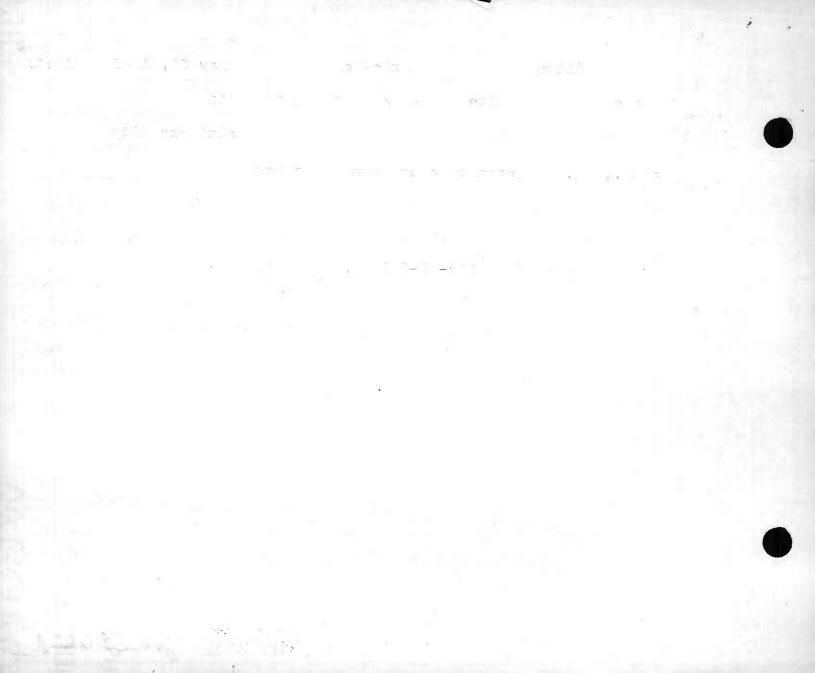
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> 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. , INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

MAY 25 1985



STATE

LIYPE OR PRINTS

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR DECEASED NAME

6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOUSEWIFE AT HOME 4023 FALLSTAFF RD. 21215 YANKSLOFF 21236 MR. LEROY ROBERT FRIEDMAN 4503 EBENEZER RD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 29x DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN F 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY BURIAL 5/27/83 BNAI ISRAEL CEM BALTIMORE MARYLAND 24 FUNERAL DIRECTOSOL LEVINSON & BROS INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

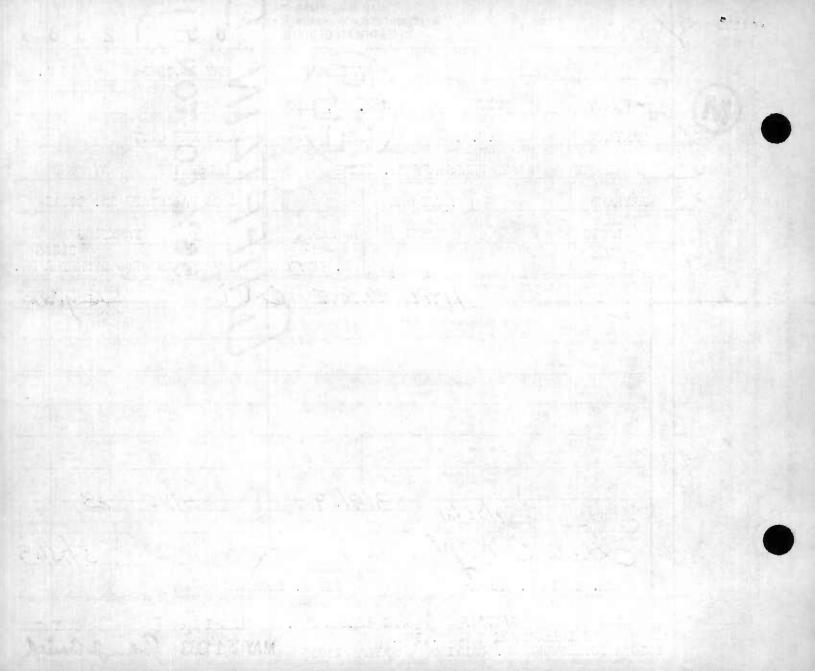
CERTIFICATE OF DEATH

2n DATE OF DEATH

MONTH

YEAR

2b HOUR



Leonard J Ruck Inc. Baltimore, Maruland

HARLE SON STRUCK

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moy	pod e	3. SI	X	11sa	4. RACE	1- 2	5. DATE C		Sr.	6. AGE (IN YEARS LA		IF UNDER 1		
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TON ST., B.	ending physicarbon pop n, or removo motic event,		PART I. DEATH W		E CAUSE (a)	R AS A CONSE	OUENCE OF	Hemo				6	- 17 - 8	A .
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death a raterial physician.	by the otte tose remove of, cremotion r other frour		Conditions, if ony gove rise to improve (o), stating underlying cause	nediote ng the	(b) DUE TO, O	PR AS A CONSE	OUENCE OF	95CU	/D	scheros	-			
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IVISION IG PHYS	s the bu s and Me	MEDICAL	21d. INJURY OCCURI	OLE		OF INJURY REET, FACTORY, OFF	ICE, FARM ETC)	211 LOCATION STREET	1	CITY	or town	COUNT	Y .	STATE
TTENDIN ortol or	TOR: Aft for use o of Health		220.1 certify that (1) sow the decease	(this hospited alive on	ol) oftended the	115	83	nd that in (my) (a	ur) opinion o	, to death occurred on t	he date and	hour and from	that (I) ((we) lost
AL OR A	VERAL DIREC be detoched e Stote Dept. TANT: If them		22b. SIGNATURE	who	m \$	lan	33A	MP AT	TENDING HYSICIAN	DIRECTOR PH	STAFF YSICIAN []		ATE SIGNED	
O HOSPIT etained by	should be de with the Stot		Di: Car	07.7	a - 1	9.F.		128 ADDRESS 4214	Man	orwood	Dr.	BA)10	. md	1.
H 5			BURIAL, CREMATION,		23b. DATE			EMETERY OR CR	EMATORY	23d LOCATION		COUNTY		STATE
BP.	V.	_	Cremation UNERAL DIRECTOR_	1	5/16/	T983	Westv	rew	25a. DATE	Baltin		ISTRAR'S SIG	Mary]	Land
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT WILLIAM GEORGE GAEGLER 24 83 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR HOURS Male White 25 08 57 YRS RTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City MARYLAND WIDOWED DIVORCED [0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore St. Agnes Hospital DATA COMM. SPEC. TELEPHONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NW COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 308 ORLEY ROAD, 21228 MARYLAND BALTIMORE CATONSVILLE YES T NO K 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE LAST MIDDLE BITZE GAEGLER FRANCES JOSEPH W. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) RITA M. GAEGLER 308 ORLEY ROAD, 21228 YES WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY cardine IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF occlusion masseve commany Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Hypertusion PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) pointon depth occurred on the date and hour and from the causes stated

above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE

22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Justinas Kudirka, M.D.

THE PHYSICIAN NAME ITTE OFFICE

3927 Annapolis Road

236 BURIAN CREMATION, REMOVAL 736 DATE

05-28-83

231. NAME OF CEMETERY OR CREMATORY CREST LAWN MEM. GARD.

DEGREE

23d LOCATION CITY OR TOWN

MARRIOTTSVILLE

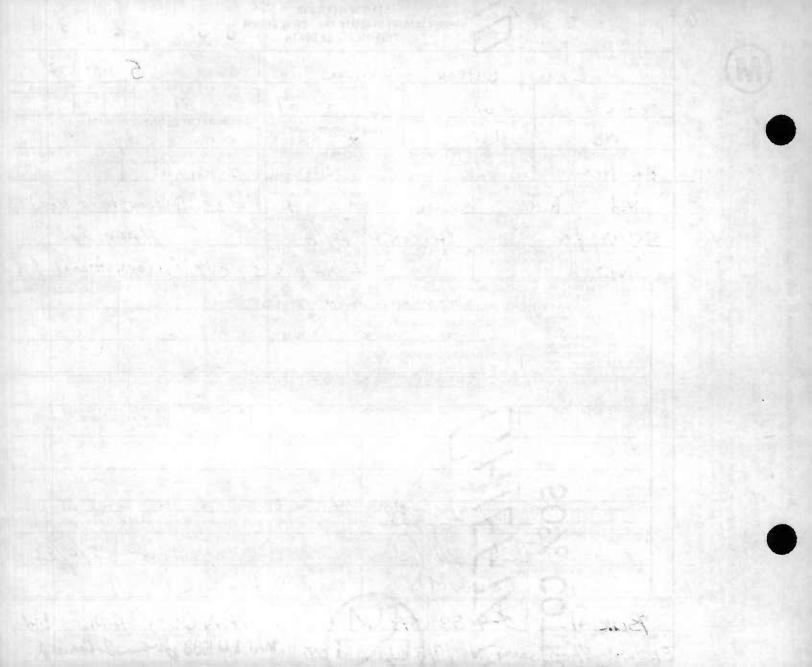
BURIAL 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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DHMH - 16 50M 4/82 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 7a DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTI MAY 15.1983 Κ. VIRGINTA GALTHER S. DATE OF BRITH 6. AGE (IN YEARS LAST BIRTHOAY) 4. RACE IF UNDER 1 YEAR (FUNDER 24 HR 6 07 HOURS Female Black 75 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. BALTIMORE CITY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION
13th COUNTY 13th COUNTY 13th COUNTY 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 2635 Garrett Avenue 21218 Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Talbott William K. Williams Charlotte ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT UNKNOWN (IF YES, GIVE WAR OR DATES) N/A Charlotte R. Chase 2640 Aisquith St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 30 min IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse mellitus Diabetes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION Failure 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? Ch IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC/ 21d. (NJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 25 22a | certify that (1) (this haspital) attended the deceased from_ saw the deceased olive on ___ , and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death 27b. SIGNATURE DEGREE 22c DATE SIGNED 5/15/83 ATTENDING MEDICAL STAFF be deta e Stote l PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b SCHINDLER MICH AEL 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/19/83 BURTAL. BP Family Plot Cem. Johnsvil 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 CME March F/H Inc. 1101 E North Ave (VRA 15, 4)

-30 E PAT THE REAL PROPERTY AND

Fruzdzinski funeral Mone PA 1407 Old Eastern AveMAY

STATE

BP

DHMH - 16 50M 4/10

(VRA 15, 4)

REGISTRAR

DECEASED NAME

24 FUNDRAL PRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH YEAR 2b. HOUR GALONSKA 83 8:23A IF UNDER 1 YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY)

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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Same

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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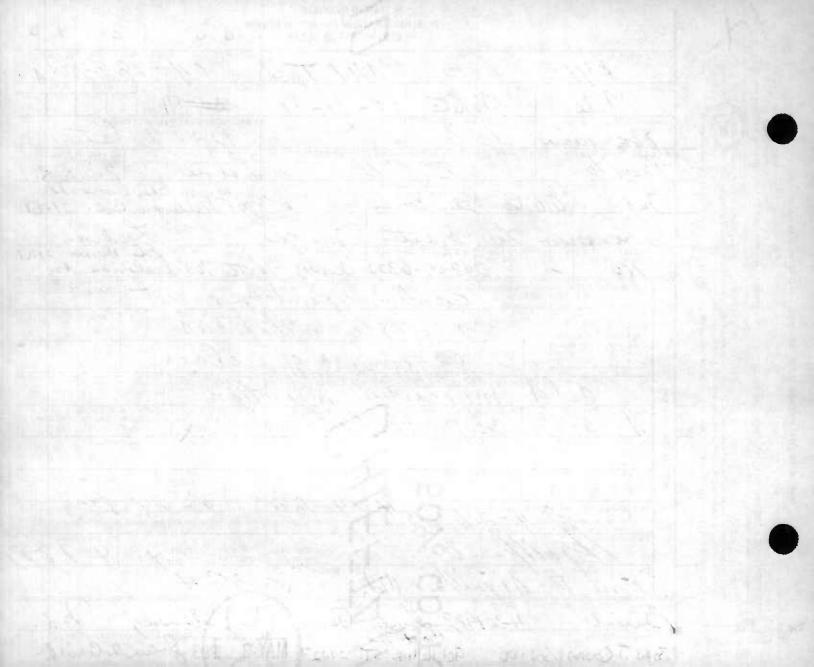
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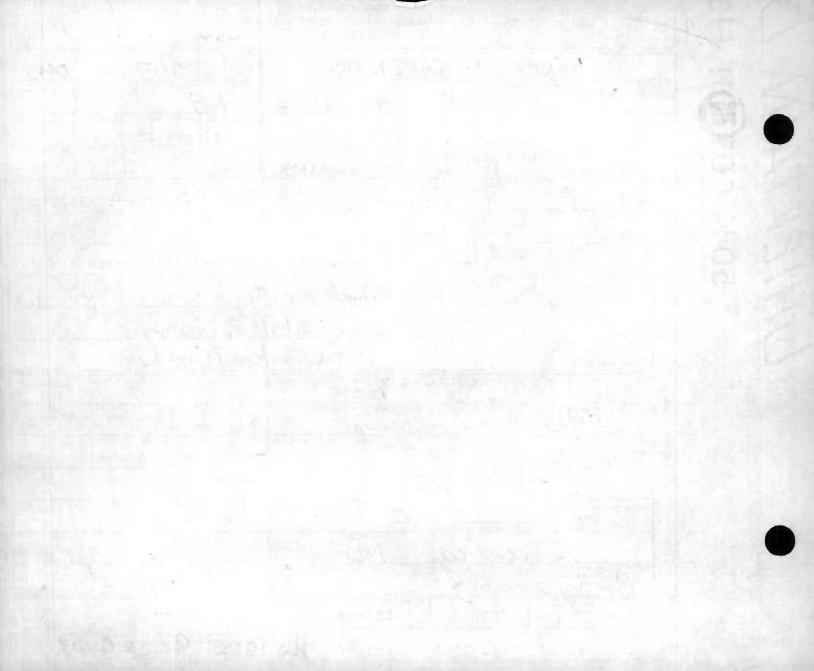
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		STATE OF MARYLAND
1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 3 REG. NO. 1 2 5 9 6
		LEE BANTT SR 20. DATE OF DEATH MONTH DAY YEAR 226 HOURD AM
3. SE	Male	PRACE White 08-31-11 6. AGE (IN YEARS LAST BIRTHDAT)
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12	52/10	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FIRE OF WORK FOR MOST OF WORKING LIFE) IN BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IN BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IN BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IN BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IN BUSINESS OR (TYPE OF WORK FOR MOST OF WORK FOR WORK FO
13a.	hid .	139 CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Sles Comp. 21061
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160	VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES) 243 09-6300 Keely Gentt 705 Delaware Ase.
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	ATE CAUSE (o) Caray Supplied
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ERTIFIC,	4-25-83	3 Contracting Carcurowa YES NOW YES NO 12 IN CERTIFYING CAUSES OF DEATH? YES NO 12 12 IL. HOW INJURY OCCURRED (ENTER NATURE OF INDURY IN ITEM 18. PART 1 OR PART 2)
0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY / YEAR 19 P.M. 19
WED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	sow the deceased cline of above, (I) (we) (aid) did no	not view there do offer de out.
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1	Turial	14-30-1983 Loudon Pack Deller nez County Man
3	TO COWAN &	WINC GOI HOllow ST. 2122 MAY 2 1983 John & Cohich
	1. DE	TO BIRTHPLACE 1. DECEASED NAME (TYPE OF PRINT) 3. SEX 70. BIRTHPLACE 1. LIS OF TOWN OF LATE OF THE PRINT



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH RITH MATTEDA LAST GARDNER MONTH (TYPE OR PRINT) GARDNER RUTH M. 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) Jan.13,1936 White TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland TISA BALTIMORE CITY WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Housewife. UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 2835 St. Paul St. 136. COUNTY 13c CITY OR TOWN
Baltimere 13d. INSIDE CITY LIMITS? Maryland 21218 YES T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wilhelm Katharana Ri semann Hierl ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT 21218 LIE YES GIVE WAR OR DATEST 216-32-2934 Mr. Redney Gardner, 2835 St. Paul St. ne APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ABDOMEN. @ EXSANGUINATION INTO MMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF MASSIVE METASTASIS TO LIVER. W RUPTURED Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CARCINOMA COLONIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION LIVER FAILURE. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? A BOOMEN - RUPTURED MASS YES NOT 71m. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 71a. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) this haspital attended the deceased from. 83, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on 5/4 obove (1) (we) (did (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deto with the Stote IMPORTANT: I PHYSICIAN T DIRECTOR 22d, PHYSICIAN'S NAME LTYPE OF PRIN FARHA MAEN 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimere, Maryland Loudon Park Cemetery BP Burial 24 FUNERAL DIRECTOR 1630 Edmendson Ave. Balte. Md21228 250 DATE REC'D. BY REGISTRAR ON REGISTRAR OSIGNATURE A DHMH - 16 50M 4/82 Lerey M. & Russell C. Witzke Funeral Home (VRA 15, 4)

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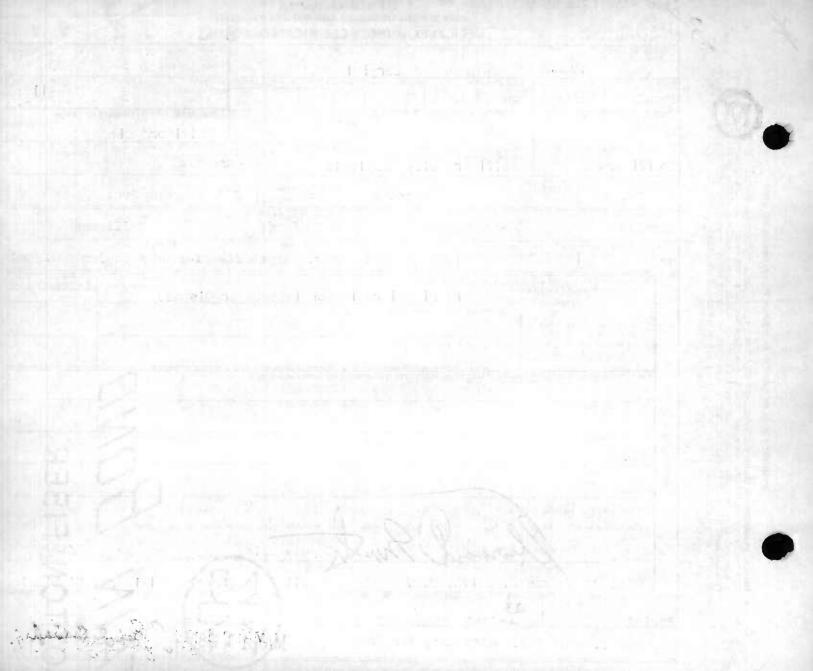
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	2	6	Ü	1
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1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3 REG. NO.	1 2	2 6	0 0
	ECEASED NAME FIRST PE OR PRINT) MILD		R.		ARLAND	MAY 8	198	3 YEAR	26. HOUR 4-46
3. SE	Female	4. RACE White		5. DATE O	1 24, 1900°	6. AGE (IN YEARS LAST BIRTHO	YRS.	INDER I YEAR	HOURS A
7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C BALTIMOR			
F	CITY OR TOWN OF DEATH BALTIMORE	UNIO UNIO	N MEMORIA	ADDRESS)	PITAL	Teacher -E1		IZE KIND OF	
13a.		NE OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 6925 Donach	ie Roa	ed 21	1239
2)	Herman	WIDDLE	Kraus		IS MOTHER'S MAIDEN NA/	h		Thomas	
	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YE	. ARMED FORCES? 5, GIVE WAR OR DATES)	215-22-		Helen Grandy	1101 Dorches / Catonsvill	ter A	venue ryland	2122
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CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, W N CERTIFYIN YES	IG CAUSES	
11	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFE NOTIFY MEDICAL EXAM	F DEATH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	N ITEM TB PART	I OR PART 2)	13
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STAT
	22a. I certify that (1) this h sow the deceased alive above. (1) and (1)	AAAIA	deceosed from _		19 3 nd that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE :	
/	224 PHYSICIAN'S NAME (T		MD		22e. ADDRESS	RIAL HOSPITA			
23a	BURIAL, CREMATION, REMO	VAL 236. DATE 5/11			EMETERY OR CREMATORY	23d. LOCATION	, c	OUNTY	mer.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Leroy M. & Russell C. Witzke Guneral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CEASED NAME OR PRINT)	OROTHS		MIDDLE	Gi	EIGER		2a. DAT	OF DEAT	H MON	29	83	12:45A
3. SE	x Female	4.	RACE Whi	te	S. DATE C	F BIRTH	1934	6. AGE	(IN YEARS LAS	ST BIRTHDAY		FUNDER 1 YEAR	IF UNDER 24 HR
(RTHPLACE (STATE OR F COUNTRY) Mass.	FOREIGN 76	USA	WHAT COUNTRY?	MARRIE WIDOWE		R MARRIED DIVORCED X		MORE CIT	1		OF DEATH	
	LTIMORE			HOSPITAL, NURSIN					WORK STA		RKING LIFE	126. KIND	d Care
USU / 13a. S	AL RESIDENCE (IF NURS STATE Maryland	Baltin	1	130. CITY OR TOW Essex		13d. INSIDI	CITY LIMITS?	3388	Lorra	ssne	Ave	. 212	21
	ATHER'S NAME FIRST Edmo	ond Gi	insky	LAST		15. MOTH	R'S MAIDEN N		losme			Į,A	st
	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		D FORCES?	031 26 5		Mark Mark	Geige:	r Sor		Sa DRESS	ame	710	
NO	Conditions, if any, gave rise to improve (a), stating underlying couse	nediote ig the last.	(c)	R AS A CONSEQUE		NOT RELAT	ED TO THE TER	MINAL DIS	EASE OR C	ONDITIO	ON GIVE	N IN PART 1	(0)
CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a /	UTOPSY?	IN		_	INGS USED S OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	Р.	M. MONTH DA	AY YEAR		INJURY OCCL	IRRED (ENT	ER NATURE OF	INJURY IN	ITEM 18 PA	RT 1 OR PART 2)	
MED	21d. INJURY OCCURI	HILE		REET, FACTORY, OFFICE, F			REET			OR TOWN		COUNTY	STATE
	220.1 certify that X saw the decease above, X (we) (s	(this haspitaled alive on M	au 29	e deceased fram_ 19_ after death_	April 83		19 <u>83</u> ¾) (aur) apinia	, 10_		he date a	nd hour	and from the	
	226 SIGNATURE	AC	ev-	y der	a	DEGREE	ATTENDING PHYSICIAN	MEDIC DIREC		STAFF YSICIAN	lo .	22c. DATE	31/F

DHMH - 16 50M 4/B2 (VRA 15, 4)

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PA 1407

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Old Eastern Ave.

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE THE GOLD SECTION

No ully Funeral Home, 130 E. Fort Ave. Balto. Md.

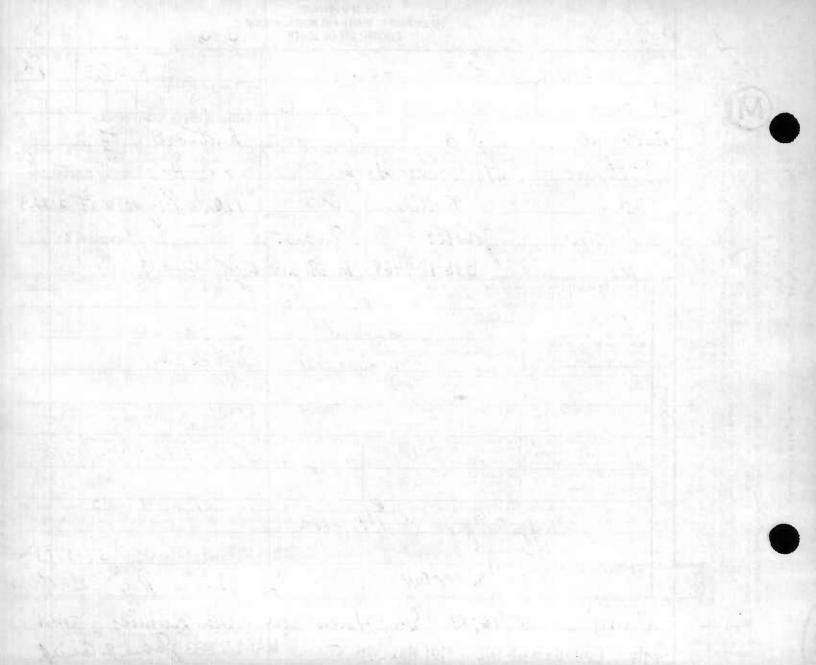
DHMH - 16 50M 4/82

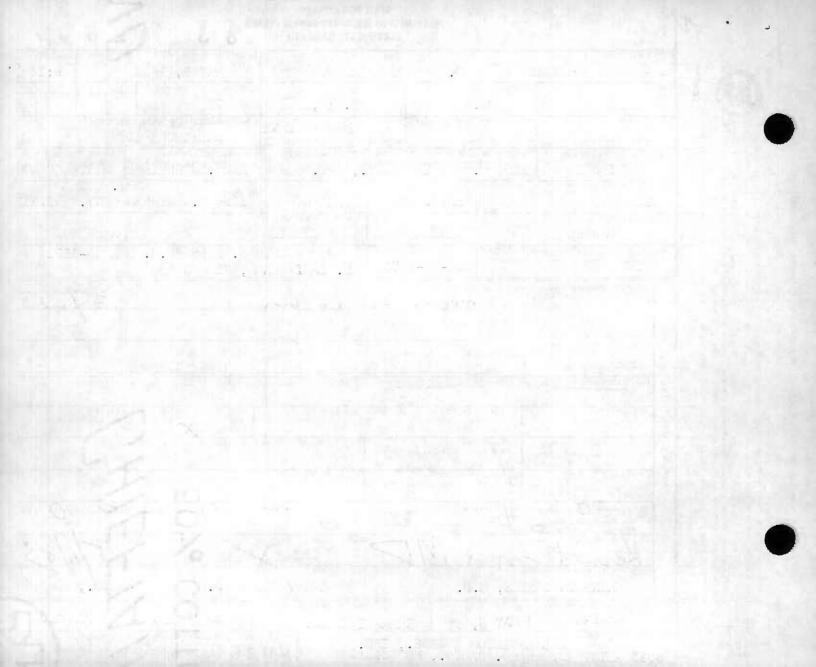
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STATE OF MARYLAND

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DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND





FOR

- STATE

TYPE OR PRINT

3. SEX

REGISTRAR

BIRTHPLACE ISTATE OF FOREIGN

Maryland

Baltimore

Maryland

CITY OR TOWN OF DEATH

Jacob

4. RACE

Baltimore

(IF YES, GIVE WAR OR DATES)

5-4-83

C00

Jacob

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH MONTH YEAR 2b. HOUR Edwin Gerding, Jr DING. I DWIN 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDE NEVER MARRIED U.S.A. WIDOWED [DIVORCED | Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Executive-Printing Co. USUAL RESIDENCE (IF NURS IG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Towson NOTXX 1135 Gypsy Lane West 21204 YES | 15. MOTHER'S MAIDEN NAME Edwin EAST Gerding MIDDLE Rosa Norr 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 215-07-9064 Helen B. Gerding, Same As #13e 21204

NO [

STATE

NO 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY MIMMEDIATE CAUSE (O Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES THEFT YES 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

HE EITHER NOTHEY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE PARM ETC]

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive as 4 12 above (1) (wg) (did) (did not) view the body after death. and that in (my) (out) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNE ATTENDING , MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN 214 PHYSICIAN'S NAME TYPE OF PRINTS 22e. ADDRESS

73c. NAME OF CEMETERY OR CREMATORY 236. DATE 23d LOCATION 230. BURIAL CREMATION, REMOVAL

Burial Dulaney Valley Memorial Cockeysville, Balto. 1050 York Rd . 250 DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 MAY 1983

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

THE THE RESERVE OF THE PARTY OF TON HOUN IN THE TENT OF PROPERTY OF WAR STANDS ON THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	2
_	KEO. 110.	

- STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE OF DEATH MONTH DAY 2h HOUR . DECEASED NAME TYPE OR PRINTI E. GETTIER GEORGE 05 83 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE MONTH YEAR DAYS MALE WHITE 04 07 06 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Je. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY U.S.A. MARYLAND WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2680 WILKENS AVENUE TRANSPORTATION BALTIMORE CHAUFFEUR USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TRUCK DRIVER 13a. STATE 13h COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE YES X NO T 2680 WILKENS AVENUE, 21223 MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE GEORGE E. GETTIER AGNES HERRING ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 21223 (IF YES, GIVE WAR OR DATES) 213-10-7485 MARIE L. BRINKMAN 2680 WILKENS NO CAUSE OF DEATH (Enter only one couse per line for (a), (b)
PART I. DEATH WAS CAUSED BY: TIVE FAILUKE, IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ROMARS CERTIFICATION 20a AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING T CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

224 PHYSICIAN'S NAME (TYPE OF PRINT)

21d. INJURY OCCURRED

MONTH YEAR DAY P.M

STATE

220.1 certify that (1) (this hospital) attended the deceased from_

FOR

NOT WHILE

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET

CITY OF TOWN

and that in (my) (dur) apinion death occurred on the date and hour and from the causes stated

COUNTY

226. SIGNATURE

BURIAL

sow the deceased alive on abave, (1) (we) (did) (did nat) view the bady after death

DEGREE

19

ATTENDING PHYSICIAN C

DIRECTOR PHYSICIAN

PAUL R. ZIEGLER, M.D.

2902 CHESTNUT HILL DRIVE: ELLICOTT CITY, MD. 23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

BALTIMORE

(VRA 15, 4)

DHMH - 16 50M 4/82

MPORTANT:

ould be

24 FUNERAL DIRECTOR

23g BURIAL CREMATION, REMOVAL

05-16-83

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

LORRAINE PARK

22e ADDRESS

25a. DATE REC'D.

WOODLAWN BY REGISTRAR 256. RE TRAR'S SIGNATUR

MARYLAND

21229

HEAD SECTION AND ADDRESS OF			30,8000	
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		24		
		24		

The state of the state of 13 town 23 The month July Print Brief Est 10 All

24. FUNERAL DIRECTOR John A. Moran.

3000 E. Baltimore St.-Balto., Md.21224MAY

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 26. HOUR 83 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CITY 21224. 342 S. Bouldin Street Rogers 17. INFORMANT 342 S. BORPESEN Street - 21224. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [CITY OF TOWN COUNTY STATE 22c DATE SIGNED STAFF 5/16/83 Baltimore National Cem. Baltimore Md. Inc. Funeral Home TEREC'D. BY REGISTRAR 2

DHMH - 16 50M 4/82 (VRA 15, 4)

G. S. M. L. STEENBERGHARD THE STREET Editions in the 142 E. Andrews AND THE PROPERTY OF THE PARTY OF THE - 01161-80610 L. 01161 L. A.L. My o saletiment Whitehall Des. - dult teore. Will SHOW LAKE OF BELL AND TO

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Ľ	REGISTRAF			AL EXAMIN	IER'S CEI	RTIFICATE C	OF DEATH O	G.NO.	0	la
	DECEASED NA	AME FIRST	MID	DLE	C.T.	LBERT	20. DATE KNOW OF EST	HTHOM KIX	DAY YEAR	26 HOUR
		Hyn	son				DEATH MATE	ED 4	··· 1983	N
	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YE.		DAYS HOURS	24 HRS. 2t. DATE	HIMOM	DAY YEAR	26 HOUR
	ale	Black		933 50	1 11011111	DATS HOOKS	DEAD	5-4-	1983	a M
	BIRTHPLACE		76 CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARR	9. BALTIMORE	CITY OR COUNTY	OF DEATH	
K	ent C	o. Md.	USA		WIDOWED			more Cit	V	MD
10	CITY OR TOV	N OF DEATH	11 NAME OF HOSPITA		, OR OTHER	INSTITUTION	12a USUAL OCCUPATIO	N TYPE OF WORK 12	OR INDUST	ISINESS
L	Baltin	nore		ale Aven	lie.		FOR MOST OF WORKING LIF	vario		
	UAL RESIDEN	CE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSE CITY OR TOWN	ON)	INSIDE CITY LIMITS?	13. STREET ADDRESS		21217	70 (19
1	Maryla	nd	Baltimor			ESTX NO	13e STREET ADDRESS	Arygle	Ave	
Į	FATHER'S NA	ME	MIDDLE	TACT	15.	MOTHER'S MAID	EN NAME			
ľ	PIKST	Alonza	A. Gilber	t		Lydi	e Louise L	iyely		
16	WAS DECEA	SED EVER IN U.S. AF	RMED FORCES? 161	SOCIAL SECURIT	Y NO. 17	INFORMANT	e Louise L	DRES 02 A	rygle	Ave
	ye	3 (11.23,000	41	6 38 77	86		ie Gilbert	Balti	more,	Md.
	18 CAUS	OF DEATH (Enter o	nly one cause per line far (o), (b), and (c).)	100				APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
	PART	DEATH WAS CAUSE	ED BY: ATE CAUSE (a) Arter	iosclero	tic Ca	rdiovascu	lar Disease			
	44	72		CONSEQUENCE						1
		tians, if any, which							0.0123	
Г	cause	(a) stating the <u>under</u>		CONSEQUENCE	OF					
	lynig	cuose idsi.	(c)							730
L		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT N	OT RELATED TO THE TERM	IINAL OISEASE OR	CONDITION GIVEN IN PA	ART 1 (a).	4		
3	19a. DATE									
1	19a. DATE	OF OPERATION	196. CONDITION	FOR WHICH OPER	RATION WAS	PERFORMED?			20 AUTOPSY	anly
									YES XX	NO 🗌
		NAL CAUSE WAS	11b. TIME OF INJU HOUR A.M. MC			INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	2]	
1	CONTRIB	JTING CAUSE OF		19						
-	21d INJUR	Y OCCURRED	21e PLACE OF IN		211 LOCAT		CITY OR TOWN	COUN	NTY	STATE
ì	AT WORK	NOT WHILE			hosina				ALUE DE	
	22a 1c	ertify that I took char	ge of the remains describe	d abave, held an	BODY V	Inspectio	on . Inquiry .	and in my apir	nian	
	death re	sulted fram? Natu	urol couses X	dent , Su	ricide,	Homicide .	Undetermined monner			
		10	56/	4/	11.0	TITLE (SPECIFY)				
	SIGNATU	REA LONG	you of you	ester	MUM.D.	Assistant	MEDICAL EXAMINER	DATE SIGNED	5-4-83	3
1	EVAMINE	D'S NIAME		1						
L	EXAMINE (TYPE OR	PRINT) Der	nis F. Smyth	n. M.D.	AD	DRESSF	Penn Street,	Baltimor	e, Md.	
23	a. BURIAL, CRE.	MATION, REMOVAL	23b. DATE	23c. NAME OF CE			23d. LOCATION	COUNT		TATE
L	Buria		5/9/83			netery n		tertown		
2	FUNERAL DI		ADDRESS		661	25A DAJE	REC'D. BY REGISTRAR 25	REGISTRAR'S SIC	SNATURE O	1
	JAMES	A. PERK	KINS - Rocl	K Hall.	Md.	MILLI	1 1 1000	10 mg	7	-

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#14,17
1 - STATE REGISTRAR
1. DECEASED NAME (TYPE OR PRINT)
3. SEX
Male
70. BIRTHPLACE (STAT
N. Carol
BALTIMORE

Yes

FIRST

HENRY

E I STATE OR FOREIGN

1,17,711 579 5/10/83 N m STATE OF MARYLAND

VEPAKII	CERTIFICATE OF DEATH	8 3 1 2	6	1 3
LCHR	IST	20. DATE OF DEATH MONTH DAY 5-6-83		12:25F
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	TYEAR J	F UNDER 24 HR
	MONTH DAY YEAR	5.5	DAYS	HOURS MIP

Black 76 CITIZEN OF WHAT COUNTRY U.S.A WIDOWED DIVORCED [

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

rolina OWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION VAMC "LOCH" RAVEN BLVD. BALTO. MD MORE

Gilchrist

MIDDLE

G7

LLOYD

4. RACE

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

13. STREET ADDRESS 5718 Denwood Ave. 21206

	136 COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore
4. FATHER'S NAME		2 1 1 1

Helen

13d. INSIDE CITY LIMITS?

MIDDLE Eaton

	Gladys		Ciloreot
a	WAS DECEASED EVER	IN U.S. ARMED FORCES	? 166. SOCIAL SECURITY
	Y & C	(IF YES, GIVE WAR OR DATES)	228 32 333

CURITY NO. 17. INFORMANT 3335

ADDRESS Gilcrest 5718 Denwood Avenue Anna B.

12ª USUAL OCCUPATION

CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause tost

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ulmanary Embo

PART 2.	OTHER	SIGNIFI	CANT	C
	0.01	PERATIO		_

5/2/27

ICH OPERATION WAS PERFORMED

ocaremona 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

П				0	_		
1	21a. AC	IDENTY	AS UP	NDER	(YIP	٧G	
ı	OR CON	TRIBUTING	5	CAU	SE	OF	DEAT
1	DIF BITH	ER. NOTIF	Y MED	JIC AL	EX.	A M	NER)

216 TIME OF INJURY MONTH HOUR A.M.

YES NO [

21d.	INJ	URY	OCCURRED	
WH	(LE		NOT WHILE	

P.M

19

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

228.1 certify that (I) (this haspital) attended the deceased from

DAY YEAR 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION CITY OR TOWN

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

COUNTY STATE

	,			/ 3	-	1 4	10
	sow the	deceos	ed di	ve an.		6	0
-	sow the) (we) (did (did not	view t	e bod	ofter
22h	SIGNIAT	LIDE	7	$\overline{}$			

DEGREE

ATTENDING PHYSICIAN

(our) opinion death occurred on the date and hour and from the causes stated

				/
226. PHYSICIAN'S	AME	(TYPE	OR PRI	NTI
CHANDAR	ISE	Kt	HAT	MAS

NAM

death

e.NAIR

22e. ADDRESS LOCARAVEN HOSPITAL

MEDICAL STAFF

63					
2	- 5	> >	23a.	BURIAL, CREMATION, REMOV	A
				BITT TAT.	

23b. DATE 5/12/83 23c. NAME OF CEMETERY OR CREMATORY Veteran Cem. Md.

23d. LOCATION Crownsville

Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

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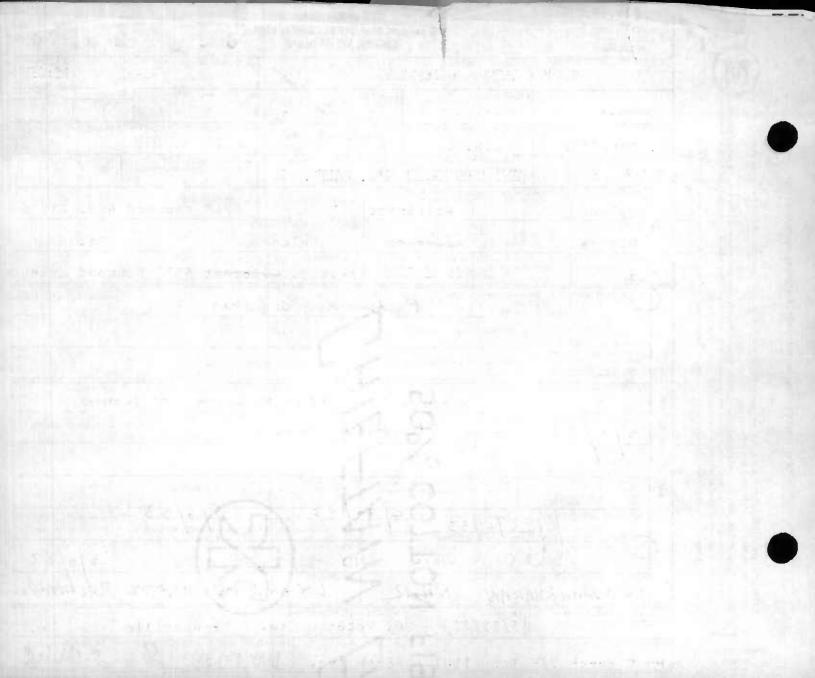
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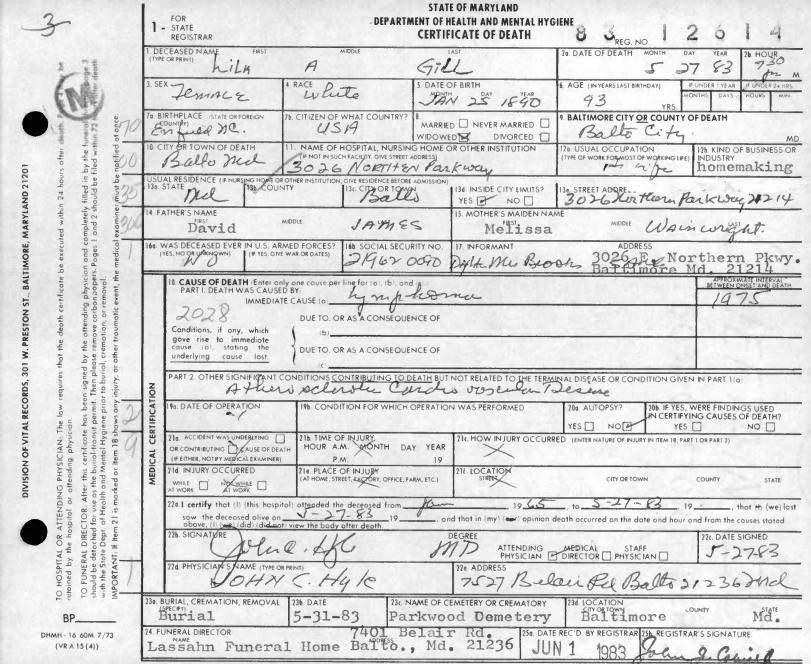
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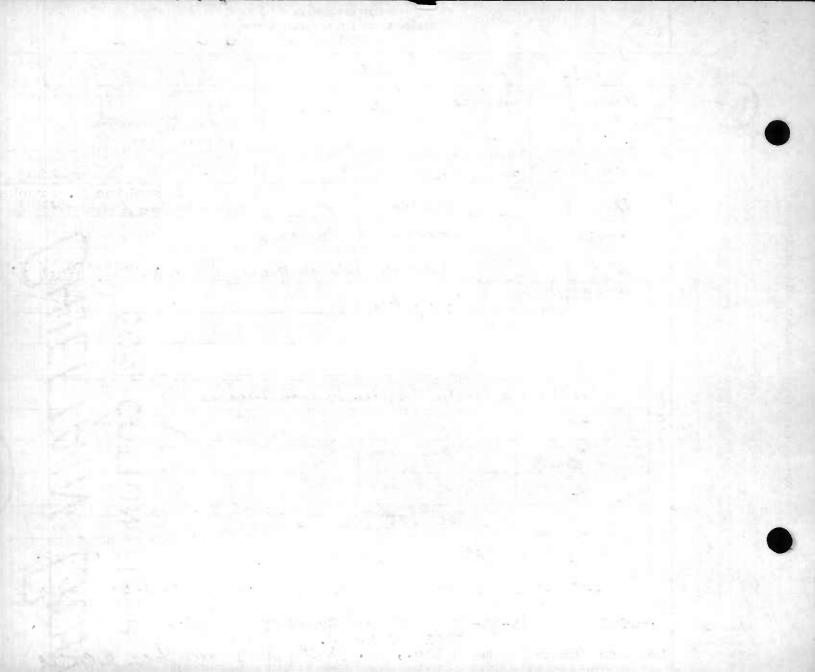
24. FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE







IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

				STA	TE OF MARYLAND				
	-1	FOR	DEF	PARTMENT OF	HEALTH AND MENTAL HY	GIENE			19 919
		STATE REGISTRAR		CERTI	FICATE OF DEATH	8 G.NO.	! 2	0	1 3
	1. DEC	EASED NAME A FIRST C	ISTER MIDDLE		LAST		ONIH DAY	YEAR	2b. HOUR
		OR PRINTIL		1.	1:1/00	3	21	00	920
		CATHERIN		IA	T11168	9	30	00	0 M
	3. SE	1	I RACE		OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS	DER I YEAR	HOURS MIN.
	1	FE MA18	lilhite	, MONI	31 17	65	YRS		INDEX.
17			L CITIZEN OF WHAT COUN	NTRY? 8		9. BALTIMORE CITY, OR		EATH	
1		00/1/	U.S.A.		ED NEVER MARRIED	Bolting	BARE.	1:1	4
-	80, CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL A	WIDOW	OR OTHER INSTITUTION	120 USUAL OCCUPATION	0100	VINDO	BUSINESS OR
20	/	A	Bon Secours	STREET ADDRESS)	3	Rectred hurs			
Z	P	altimore	Bon Secours	Hospita	1 ,	rectied hars	e prace	ET DO	II pecom
11	USU/ 130,S	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE 13(, CITY OF		13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS	,,	2	11000
2	P	HOWA	RD /	KIOWIN	YES TO NO IN	1525 MAN	pointen	1:16	211
Acres a	II4. FA	THER'S NAME 3			15. MOTHER'S MAIDEN NA	ME / I / I / I	NULISE	1110	1001
	-7	FIRST Lave M	IDDLE CAS	51/100		ne Brackeffrid	ge	LAST	
11	<	JHW 68	1.	lles	100 - 100			- nh	450.5%
n		(AS DECEASED EVER IN U.S. ARM ES, NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRESS		1104	
10		No	1183-	-14-070	Sister Justi	n Cyn 1525 Ma	rriotta	avill	e Rd
		18 CAUSE OF DEATH (Enter only	one cause per line fem (all	(b), and ic.		1	- 1	APPROXIM BETWEEN OF	NATE INTERVAL
		PART I. DEATH WAS CAUSED	BY:	DAVO	with (N)	Ulmitar	8111	Jan Jan Barra	
		4280 IMMEDIATE	CAUSE (a)	vo cc	O O	0000	~~~		
			DUE TO, OR AS A CON	SEQUENCHOF	Possal	for William			
		Conditions, if any, which gove rise to immediate	(b) (C	cure	revigu	auduv	ue_		
		couse (a), stating the	DUE TO, OR AS A COM	SEQUENCE OF	(, ,) .	N mm	1		
		underlying couse lost.	((()	Wals	my He	aut tai	VIME		
		PARTA OTHER SIGNAFICANT CO	ONDITIONS CONTRIBUTIN	G TO ME MIN NO	NOT RELATED TO THE TERM	ANAVOISEASE OR CONDIT	ION DIVEN IN	PART TID	
	Z	700011111	no son	18010	10 " (IMIL	estama :	Leri	1101	of seas
	AŢ	19. DATE OF OPERATION	186 CONDITION FOR W	VHIPR OPERATE	N WASPERFORMED	70s AUTOPSY? 7	BL IF YES, WER	E FINDING	S USED
1	F.	0 ()	1000-200-00-00-00-00-00-00-00-00-00-00-00	0	45,40,648,65711571034658	1	N CERTIFYING	CAUSES C	OF DEATH?
1	CERTIFICATION					YES NO	YES [NO 🗍
A		216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	HOUR AM MONTH	H DAY YEAR	THE HOW INJURY OCCUR	RED (INTER NATURE OF HUMAY IT	EXTENSION FART FOR	REART 2)	
1	MEDICAL	I I BILLIER MOLEN WEDICAL EXPONER!	P.M.	19					
	ig	214 INJURY OCCURRED	21s PLACE OF INJURY		TH LOCATION	City on spwin		DUNTE	STATE
	X	AT WORK TO ADD THE THE	JAT HOME STREET FACTORY, C	DEFICE, FARM, ETC.):	1	Care Pare		and the same	31416
		The state of the s	to the stand of the stand of	3	104 8	3 5/0	n X	3	
		22s.1 certify that (1) (this haspite		110	nd that in (my) (aur) opinion	10	100		oat (I) (we) last
		now the deceased alive on above, (1) (we) (did ydid not)	view the body after death.	000	pa that in (my) (dur) opinian	death accorded on the date	and hour and	from the co	prises stated
		226 SIGNATURE	1 4 11 1		四月9年人		2	DAY S	IGNIED
		ANI	2001/1	_	ATTENDING PHYSICIAN	MEDICAL STAFF	ND	3/2	1/83
1	1	22d/PHYSICIAN'S NAME (TYPE OF	PRINT) V		228 ADDRESS	01.		do	1.
1		(MNA) A	- BEIT	P-AA)	1940 W.	BALTIMOR	E CI	BALT	MARKE
4		VIII /	10001	CIIV	117		011	11	2 12
	23a. B	URIAL, CREMATION, REMOVAL	June 2, 19	183 New	Cathedral	Baltrimore	Maryla	R _M	STATE
				1 -			a man of the	20.00	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Harry H Witzke 4112 Columbia Rd SSELlicott City

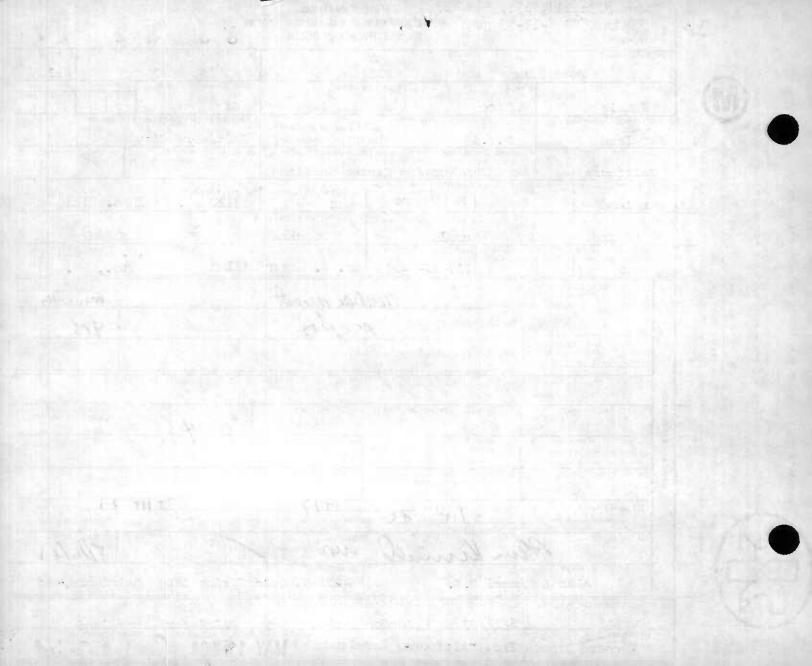
so Date Rec'd. By Registrary 56. Registrary's signature of 1983 John & Cohnell

Author a line of the contract of the contract

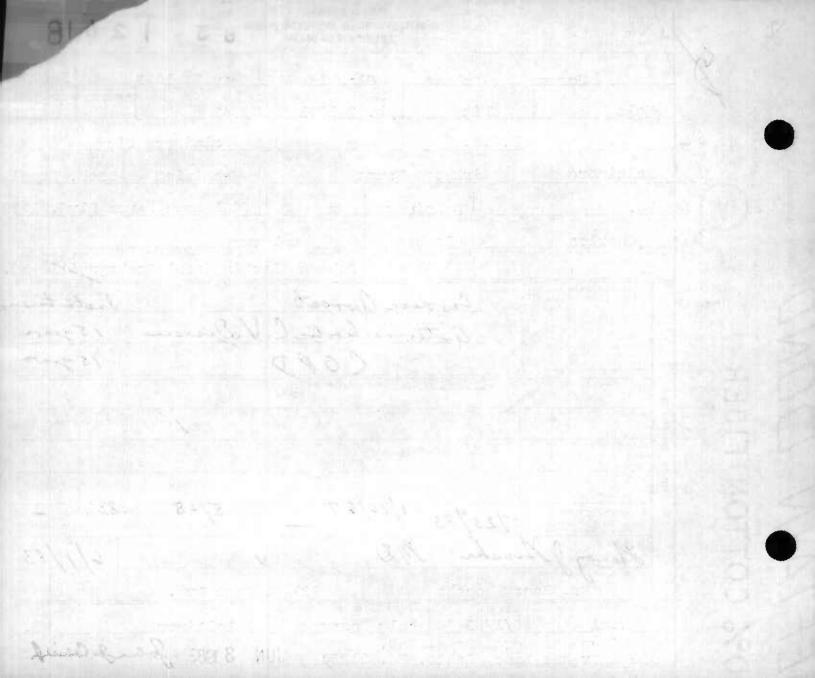
	D				STAT	OF MARYL	AND					
9	1.	FOR STATE REGISTRAR		DEPART		EALTH AND I	MENTAL HYGI DEATH	8	6	1 2	2 6	16
2.00	1. DE	CEASED NAME FIRST		MIDDLE		AST		2g. DATE OF DI	REG. NO	AONTH DAY	YEAR	2b. HOUR
moy be poge 3 er deoth		CIA.	RA	B.	G	Lmox	oF			F 12	0 -	10/5
, po	3. SE	×	4. RACE		5. DATE C	F BIRTH	A COLUMN TO SERVICE SE	6. AGE (IN YEAR	S LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
		TEMALE	BL	ACK	MONTH	3	03	79	,	YRS.	NIHS DAYS	HOURS MIN.
(W)		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER		9. BALTIMORE	_		PDEATH	
	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI	WIDOWE NG HOME C		VORCED	12a USUAL OC			126. KIND O	MD F BUSINESS OR
1 90	R	paltimore	DEA	on Me	OLCA	Cen	ter	(TYPE OF WORK FO	R MOST OF	WORKING LIFE)	INDUSTRY	
P 2 185	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION NTY	134 CITY OR TOW	VN	134. INSIDE C	ITY LIMITS?	13e. STREET AD	DRESS			21230
KY	11.5	ATHER'S NAME		Baltin	more	YES X	NO D		<u>s.</u> C	- harle	5 52	١.
F 201	1	FIRST	MIDDLE) LAST			FIRST		MIDDLE		LAST	
CIV.	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECT	URITY NO.	17. INFORMA	1ary		ADDRES	8		
Poge /			VE WAR OR DATES)	216-24-				ribbs	60	06 F	<i>tmbe</i>	+ wood
ol.		18. CAUSE OF DEATH (Enter o	nly one couse per	r line for (o), (b), or	nd (ci.)							MATE INTERVAL
emov emov event		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0)	siple	tim	it.						
corbo or r		3107		R AS A PONSEOU	ENCE OF	0.						E-104
option roun		Conditions, if ony, which	(b)_	the	uth	Muca	Irlte	o. Ula	(ks)			
cremo		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQU	ENCE OF	Bu	. 0		.)		1 9	
plea uriol,	13	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOTATIATED	TO THE TERMI	NAL DISEASE O	RCOND	ITION GIVEN	IN PART 1:0	,
Then to b injury	NO.	Whenh	MIN	deshe	1-10	Gent		leve			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
prio ony	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS		20b. IF YES, W		
Shows	E			No. of the					10 🗆	YES [NO [
HY H		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		OF INJURY .M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATUR	E OF INJURY	IN ITEM 18 PART 1	1 ORPART 2)	
tentol-tentol	MEDICAL	LIFETHER NOTIFY MEDICAL EXAMINE	R) P.	М.	19							
the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211. LOCATIO	ON	c	ITY OR TOW	N	COUNTY	STATE
se os the solth ond morked		22a. certify that (I) (this hosp	ital) attended th	e deceased from_	3 00	7	19 12	to_ 5-	12	. 19_	Y3 1	hot (I) (we) lost
of He 21 is		sow the deceased alive or above, (I) (we) (did) (did no	5-12	19	\$3, or	d that in (my)		eath occurred a	n the dot	e and hour on		
ept.		226. SIGNATURE	Ji wew me body	Oner death.	150	DEGREE		,			22c. DATE S	IGNED
Heto		(mi	1	w	- 1	~ A	TTENDING PHYSICIAN A	DIRECTOR -	STAFF	AN 🗆		
the St.	1	224. PHYSICIAN'S NAME (TYPE	CH PRINTS			220 ADDRES	S			43.55		
hould be St		M. 7	. A	our	N	611	p. Co	me	19	<i></i> .		
3131	23a.	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR		23d. LOCATIO		CI	OUNTY	ŜTATE
		Cremation	5/17/	83 6	oudo	n Par	k Cen	. Bal	10.			mo
50M 4/82	1.	UNERAL DIRECTOR	6/11	1 Colonele	Nov	4L A.	1.1	AY 1 7	383	SO. CESISTRAF	AS SIGNAL	shelf
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		Items #13c,13d,				E OF MARYLAND				
4	1	FORFILM G579 5- REGISTRAR	17-83 gr	√ DEP•\RTN		EALTH AND MENTAL HYG	IENE 8 SEG. NO	. 1 2	6	1 7
		ECEASED NAME FIRST	Tront.	MIDDLE	·	AST	26. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
4		Joseph	nine .	Mae	Gi1	pin	May 15, 1	983		8:35A
(AR)	3. SE	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 H
(fall		FEmale	White			16, 1894	88	YRS.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Site of the	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
		aryland	U.S.	A	WIDOWE		Baltimore	City	12.55	
s ofter to by the fulled with		Baltimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS]	ter Hamilton	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS
in 24 hour ly filled in I should be f	13a. M	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU 'aryland	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130. STREET ADDRESS 3120 St.	Paul S	t. 212	18
= 20 54	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
w bud w		Edward	E	Herold		Johanna	J		apking	
Poges I		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ss P.O.	Box 2	1484
be e	L	no		214-12	4921	Mr. J. Mayer	Willen	Balte	o., Md	
re death certifica te ottending phy, smove carbonpo, motion, or remov rtroumotic event		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, C	DR AS A CONSEQUE	NCE OF	PSCVD			min Yrs	ATE INTERVAL NSET AND DEA
requires that the sean signed by the signed by the sean signed by the signed by the signed sear to buriof, creatively injury, or other	rion	underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS C		<u>DEATH</u> BUT	NOT RELATED TO THE TERM				CC HOSE
The low ricion. te hos bee ssit permit. giene prio	CERTIFICATION				OPERATIO	The state of	YES NO NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C	
YSKCIAN: The ding physicio bis certificate buriol-transit Mental Hygie or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DFINJURY m. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
NG PHY offer this os the b th ond A	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
OR ATTENDI e hospitol or DIRECTOR: A oched for use Dept. of Heol f frem 21 is m.		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	n	5/15 19 5		nd that in (my) (our) opinion of DEGREE	, to death occurred on the do	ite and hour on		
로 로 보 를 를 를 받는 다.		22d. PHYSICIAN'S NAME (TYPE	OR PRINTS	lume	el		MEDICAL STAF	F IAN 🗆	5/16	1+3
TO HOSPITATE TO FUNERAS Should be day with the Sto		Alan L	Kimmel			222 W. Col	d Spring La	ne Bal	timore	, Md
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 5/17/	F-14-		Park	23d. LOCATION CITY OR TOWN Baltimio	re. Mar	ounty	STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR TEODARD J RU	ck Inc.	Baltimore	e, Mai	ryland 250. DATI	REC'D. BY REGISTRAR	256 DEGISTRAF	S SIGNATU	RE



	1	FOR STATE REGISTRAR		DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	126	18
6		ECEASED NAME	FIRST	MIDDLE	CENTI	LAST	REG. NO	DAY YEAR	150
71	(TY	PE OR PRINT)							E 000
1	3 S		ormar	Rober Rober		llackin OF BIRTH	May 28 19	# SHORE I HE	5:00A
7		Male	ATE	White	MON'	H DAY YEAR		PORTE SAY	HOW MA
2 44.		BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF WHAT COU			9 BALTIMORE CITY OR COL	RS.	
E 8/6	-	Md.		U.S.A.		D NEVER MARRIED			
8	10 (ITY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, I	WIDOW NURSING HOME		Baltimore		OF BUSINESS OR
(1)		Baltimor		(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS]		(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTR	Y
O. f.	UŠI	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	od Hous	е	Machinist	Bet	h. Stee
Vit	13a.	Md.	136 COUN	ITY 13c. CITY O	RTOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
1	14. F	ATHER'S NAME		BaT	timore	YES NO I	6401 Loch 1	Raven B	lvd.212
14/4	V	FIRST			AST	FIRST	WIDDIE	L	AST
90 L	1160	Charle WAS DECEASED EVER			ckin	unkr			
9 /	100	(YES, NO OR UNKNOWN)			07-9908	17 INFORMANT	ADDRESS		21030
E /		no				Robert Gia	ackin (son) (ockeys	ville Mo
vent,		PART I. DEATH V	VAS CAUSEI	ly one cause per line far (a), D BY: E CAUSE (a)	Ib), and (c).)	Inest		BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
o tice		496	MMEDIAI			1	110	- July	200
5		Canditians, if any	which	DUE TO, OR AS A CON	CECUENCE OF	livotre (.	V Disease	1 13	5 years
		gave rise to im	mediate	(b) La PP		0			-
o o		underlying cause		DUE TO, OR AS A CON	ISEQUENCE OF	COPD		13	Typera
<u>ن</u> ند		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	9
יחות	NO.	100 To 10				THE TEN	MITAL DISEASE ON COMPINON	GIVEN IN PART	IId
ou A	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FIND	INGS USED
Smo	H						YES NOTE IN C	ERTIFYING CAUSE YES	S OF DEATH?
8 2	CER	21a. ACCIDENT WAS UN		216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE		
4	AL	OR CONTRIBUTING		HOUR A.M. MONT					
/	MEDICAL	21d INJURY OCCUR		21e. PLACE OF INJURY	19	211 LOCATION			
	W	WHILE NOT WE	HILE []	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WO		al) attended the degleased	1/16	11. 17	110		
-		saw the decease	ed alive on	5/12/83		od that is (my) (our) opinion	death accurred on the date and	19	, that (I) (we) last
		abave, (1) (we) (did) (did nat	view he body after death.			death accurred on the date and	hour and from th	e causes stated
±		2/ _	0 %	In her	MI	ATTENDING	MEDICAL STAFF		E SIGNED
<u> </u>		774 PHYSICIAN'S	10	- December - C	111.00	PHYSICIAN [DIRECTOR PHYSICIAN	6/	1//83
1		0	MONE STATE OF			22e. ADDRESS			
MPOKIAN:				nry Houska			East Ave.		
1	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
-		Burial	31111	6/1/83	Holy	Rosary	Baltimore	COUNTY	Md.
/B1	24 F	SCH I MUDE	k Fu	neral Home	Tnc	25a DAT	E REC'D. BY REGISTRAR 256 PG	GISTRAR'S SIGNA	TURE
)	-	3331 Dro	hma	Tana Dalta	MESS - II C			an Il	shell



1101 E. North Ave.

Wm. "C. March F/H

(VRA 15, 4)

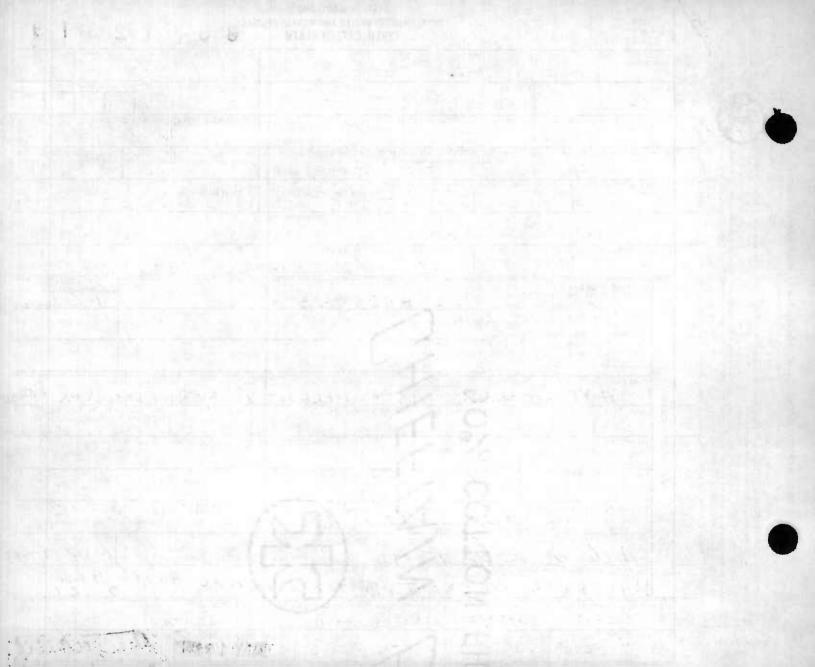
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

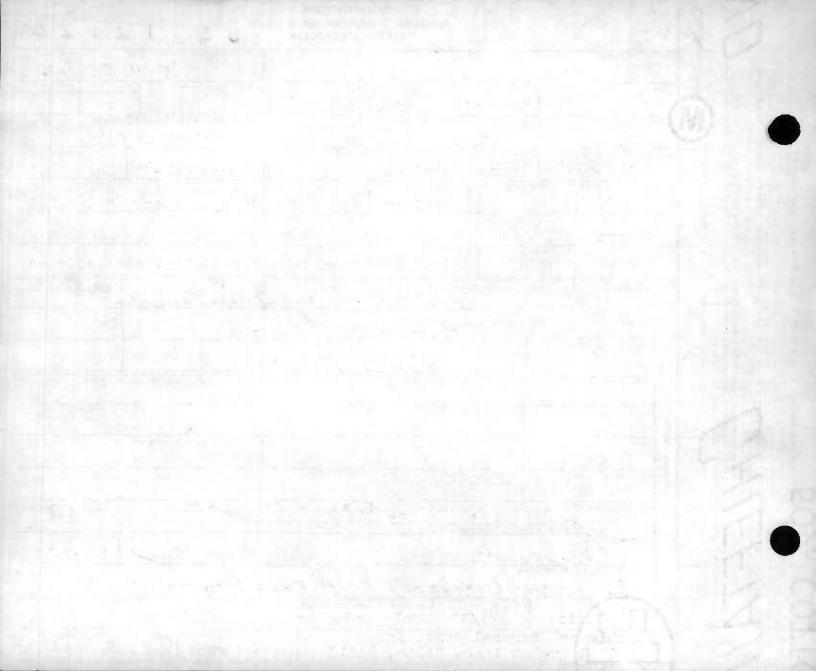
FOR

- STATE



3331 Brehms Lane, Balto. 21213

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	-	REGISTRAR				CERTIF	ICATE OF	DEATH	8	SREG. NO		20	die		
		CEASED NAME ORPRINT)	Mary	Rose	IDDIE	GLOWA	CKI			DE DEATH	MONTH 1983	DAY YEAR		HOUR 2:25 P M	
	3. SE	emale	4	RACE White		5. DATE C		1909	74	YEARS LAST BIRT	YRS.	IF UNDER 1 YE	YS , HC	UNDER 24 HRS	
5	M	RTHPLACE (STATE OR F COUNTRY) [aryland		U.S.A		WIDOWE	DX	MARRIED DIVORCED		ORECITY <u>O</u> Baltim	ore C	ity		MD.	
1	1	Baltimore	1	Mary 1	OSPITAL, NURSIN FACILITY, GIVE STREET and Gene	ral H	R OTHER IN O spit a	STITUTION EL	(TYPE OF WO	rator	F WORKING L	TAIL INIDITET	ev.	usiness or llery	
5	13a N	AL RESIDENCE (# NURS STATE LO.	NU COUNT A A		Linthi		YES 🗌	CITY LIMITS?		ADDRESS Nurs	sery	Rd.	(21	090)	
2		Adam	M	DDLE	Malinov	vski		r's MAIDEN NA Ura	ME	WIDDIE	S	Swine			
2	160: V	VAS DECEASED EVER			314-01-		17. INFORA		ambia	si 55		(2) Ashboi	122 121	7) e Rd.	
		18. CAUSE OF DEATH PART I. DEATH W	I (Enter only AS CAUSED IMMEDIATE	one couse per l BY:		d (c1.)			r					T AND DEATH	
		Conditions, if any,	which		AS A CONSEQUE Septic S	NCE OF hock	V, D					24	Hou	rs	
		gove rise to imm cause (a), statin underlying cause	g the	DUE TO, OR	AS A CONSEQUE bstruct	AS A CONSEQUENCE OF BILIARY Tree					1			veek	
	NOI	PART 2. OTHER SIGN	IIFICANT CO	NDITIONS <u>CO</u>	ntributing to E	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEA	SE OR CONI	DITION GI	VEN IN PART	1(0:		
2	CERTIFICATION				ITION FOR WHICH OPERATION WAS PERFORMED te Cholangitis			ORMED	200 AUTOPSY? YES NOTE: YES YES YES YES			SES OF			
7	_	210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.				DAY YEAR			RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			2)			
	MEDICAL	21d. INJURY OCCURR	ILE 🗆	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCA			CITY OR TO	WN	COUNTY		STATE	
		220.1 certify that X sow the decease above. (1) X (1)	(this haspita d alive on_	May 12	deceased from	May 9 83 , on	d that in (ng	, 19 <u>83</u> (our) opinian	, to death accur	May 1 red on the do	2, ate and ha	19 83 ur and from		(we) lost ses stoted	

23L SIGNATURE

DEGREE

234. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemeter

ATTENDING PHYSICIAN MEDICAL STAFF

22c. DATE SIGNED 5/13/83

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Thomas MacPherson, M.D.

220. ADDRESS

230. BURIAL, CREMATION, REMOVAL

c/o Maryland General Hospital

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

5/16/83 21225 4001 Ritchie Hy. Balto., Md. 24. FUNERAL DIRECTOR Gonce F.H.

ry Brooklyn A.A.

Md.

May 12, 1923 12,25°	70	Oktonio	esol "ive	
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BALTO., MD

21215

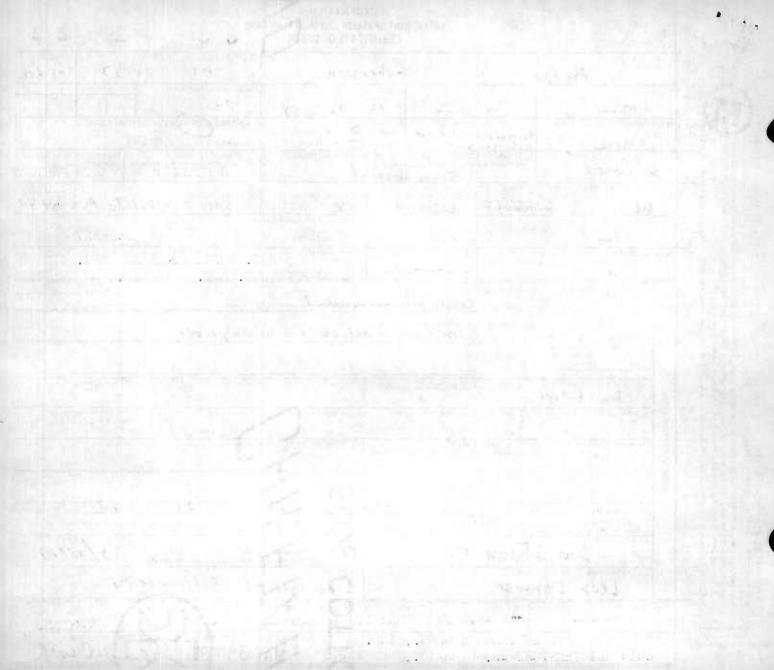
STATE OF MARYLAND

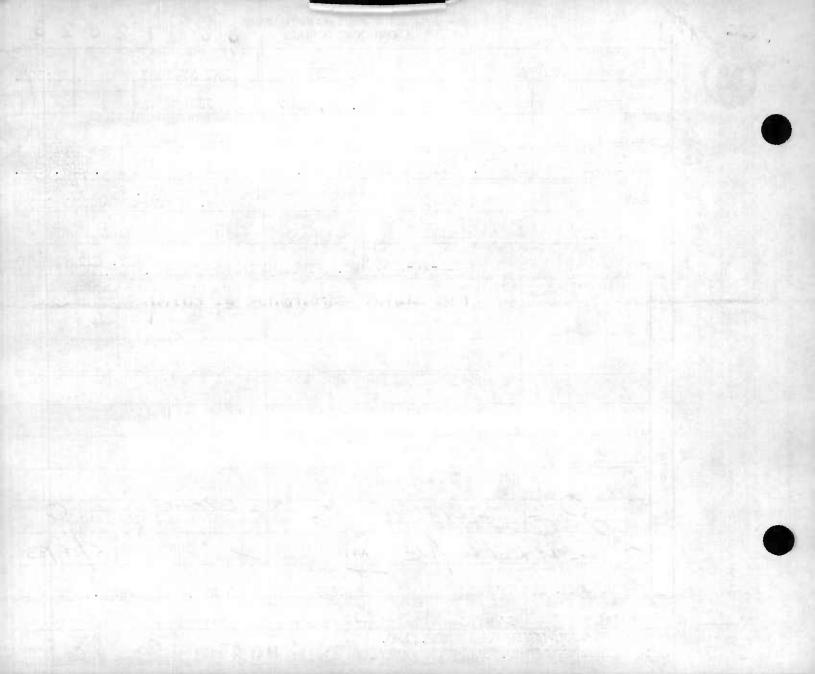
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

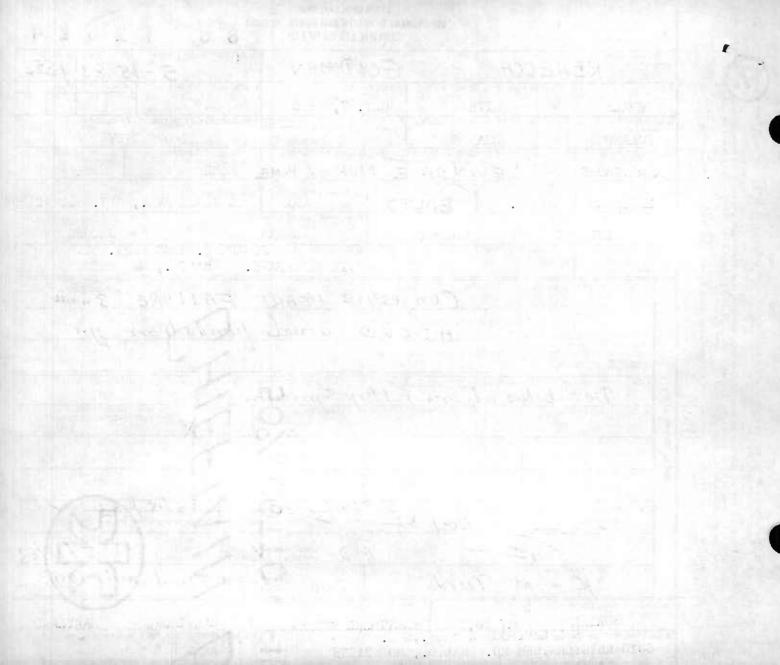
6010 REISTERSTOWN RD.

(VRA 15, 4)





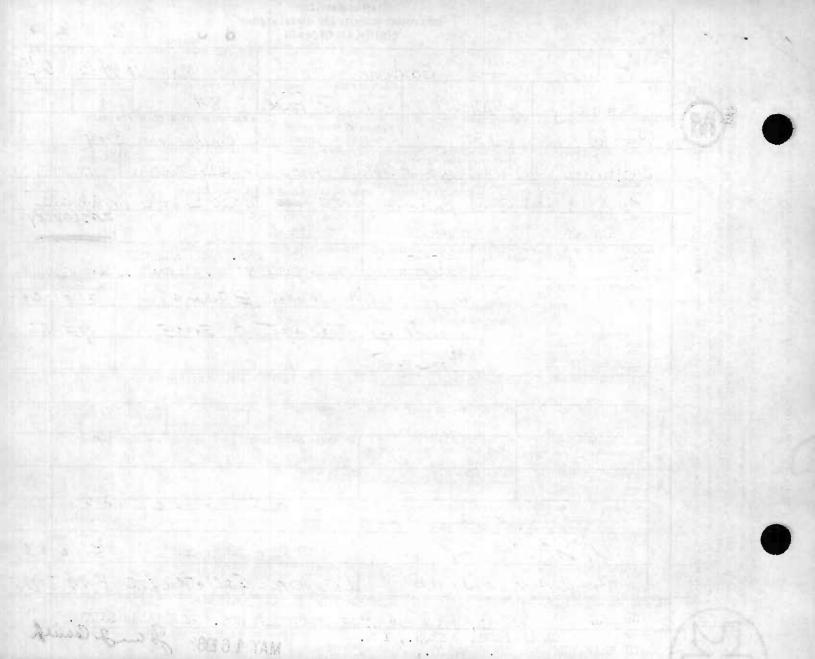
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR REBECCA [TYPE OR PRINT) 4. RACE 3 SFX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # LINDER 24 HR OCT. 7, 1898 WHITE FEMALE 84 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX Y 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) POLAND USA BALTIMORE CITY WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE NONE NONE USUAL RESIDENCE (IF NURS 1 COLINTY INSTITUTION 130. ST. T. C. CITY OR TOWN 13. STREET ADDRESS 11 SLADE AVE., APT. 811 #21208 13d INSIDE CITY LIMITS? MARYLAND BALTO. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JACOBS GOLDMAN SARAH ISIDORE JOSEPH G.ADROSS APT. 811 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LIE YES GIVE WAR OR DATES! 11 SLADE AVE. BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: on gestive 3 month IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PLOFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC) NOT WHILE AT WORK 220 1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an abave, (I (we) (did) (did not) view the bady after death and that in (an aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 日本 IIIN 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL BP BALTIMORE BALTIMORE HERREW MARYLAND24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)



BALTO., MD

(VRA 15, 4)

21215



AND THE RESERVE OF THE PARTY OF POINT IN BOLDE SCHOOL CONT. N. A. A. S. A. A. off ma case; the sality of the sale of the - Aven aven Libera deva men George J. Pence J. P. Poul alteins Hy. Hy 2 9 998 1 1 2 20 2

(A. G. O.) FESSES, LOVA HOULD THE E emodiffe. resolution in district monaction the tr tell as army nodeline utr. 3 41-7-212 pirmer roll | Lelgo wh mayar noit | referred to Labor. FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

William C. Brown 1206 W. North Ave.

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE

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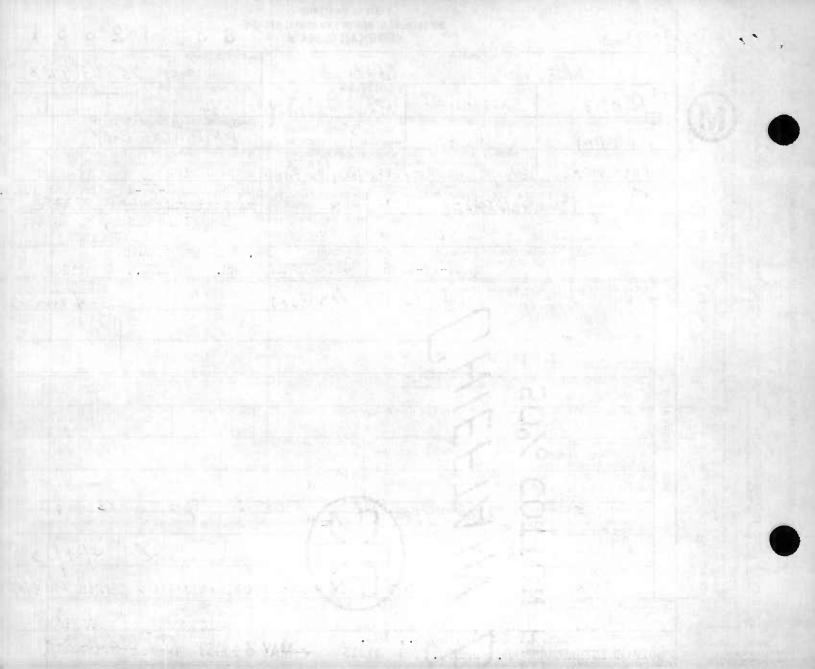
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) ROSF. 25 IF UNDER 24 HRS 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX YEAR CANCASIAN 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BANTIME MARYUANY DIVORCED [CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE AT HOME CENTURY VILL. E - 31 - 16113d INSIDE CITY LIMITS? NOF 15. MOTHER'S MAIDEN NAME DEERFIELD BEACH, FL M FATHER'S NAME A FIRST PHILIP SHEVITZ YÉTTA UNKNOWN MR. SOLOMONREGRABUSH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 220-30-6506 8417 STEVENSON RD. BALTO., MD 21208 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR ...M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that # (this hospital) attended the deceased from. sow the deceased alive on 223 above, in (we) (did) (did at) view the body after death. and that in [and] (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22r DATE SIGNED 22h SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS FUNE old be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN BURIAI MARYLAND BALTIMORE ATTZ CHAIM MAY 26.1983 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 25a, DATE REC'D, BY REGISTRAR 2600 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82

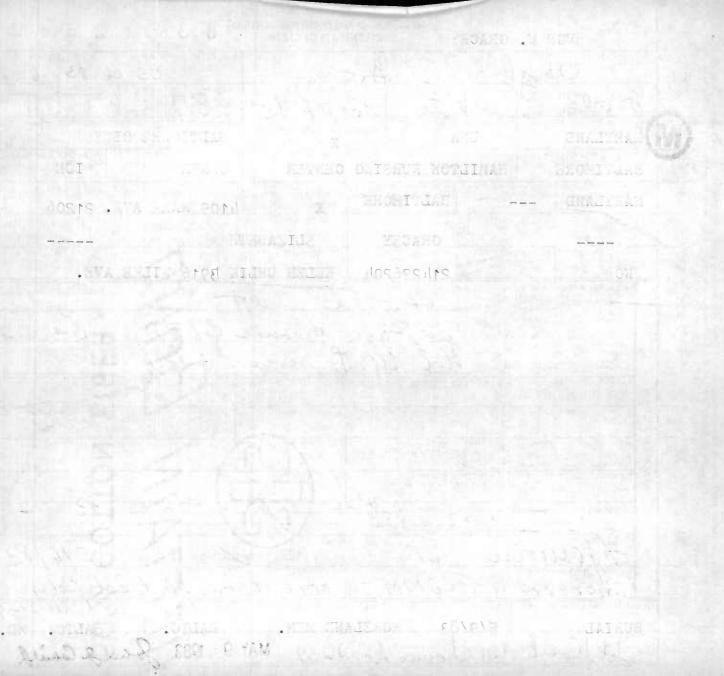
21215

6010 REISTERSTOWN RD. BALTO., MD

(VRA 15, 4)



				2.	TATE OF MARYLAND			
	1.	FOR STATE REGISTRAR HUGH W.	GRACEY		OF HEALTH AND MENTA	00	1 2 6	3 2
	1. DE	CEASED NAME	MIDDLE	71.	LAST	REG 20. DATE OF DEATH	NO. H MONTH DAY YEAR	26 HOUR
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4 moy	3 SE	male	4. RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAS	MONTHS DAYS	
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4 hour	USU 130	TALE 136 COUN		LTIMORE	ON) 13d. INSIDE CITY LIM	ITS? 13e. STREET ADDRES	SS	
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quires the signed hen plec to buriol njury, or	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	ONOTION GIVEN IN PART 1	(0)
been mit. The prior to	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
	RTIFIC					YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
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DHMH - 16 50M 1/B1	14.7	NEAL DIEGTOR	5/9/83			O DATE REC'D. BY REGISTR		O MD
(VRA 15, 4)		Jolywork	Will Che.	aco AP	, 21237	MAY 9 1983	John J. C	shield
TO HOSPITAL OR ATTENDING PH Tetoined by the hospital or others TO FUNERAL DIRECTOR. After this should be detoched for use os the with the Stote Dept. of Health and IMPORTANT: If Item 21 is markedo	1	WHILE AT WORK 220. I certify that (I) (the bosput sow the deceased alive on obove, (I) (the last of the last of t	ical) offended the deceo	ory, office, farm, etc. seed from 19.8.3 eath. 19.8.3	DEGREE ATTEND PHYSIC 22e. ADDRESS OF CEMETERY OR CREMAT	PINION death occurred on the ING MADICAL PHY OLD HAY FO TORY 23d LOCATION CITY OR TOWN BALTO	TAFF SICIAN S/	that (I) (m) last e couses stated E SIGNED C / P3 Palto Mule W - Z-123-4



FUNERAL HOME - 5209 YORK Rd

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS LAURONS LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 23d LOCATION

REG. NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

HOURS

MONTHS DAYS

20 DATE OF DEATH

. AGE LIN YEARS LAST BIRTHDAY)

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 25M (VRA 15, 4) 1/79

BP

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Wm C March F/H Inc. 1101 E North Ave.

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Grant Cemetery

REG. NO

MONTH

18

83

INDUSTRY

IF UNDER 1 YEAR

2b. HOUR

126. KIND OF BUSINESS OR

Parker

NO T

N. C.

STATE

COUNTY

COUNTY

IF UNDER 24 HRS

21213

2g. DATE OF DEATH

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

FOR

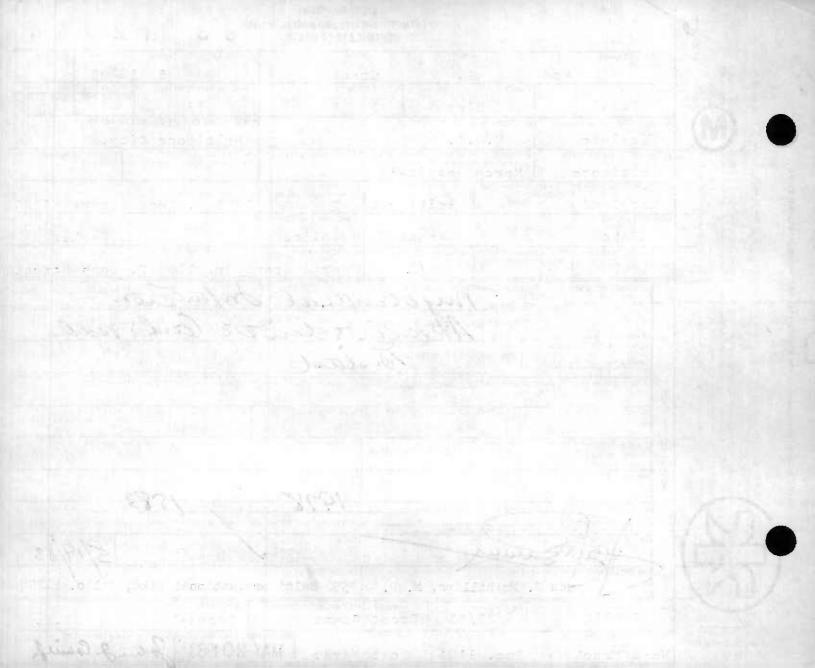
- STATE

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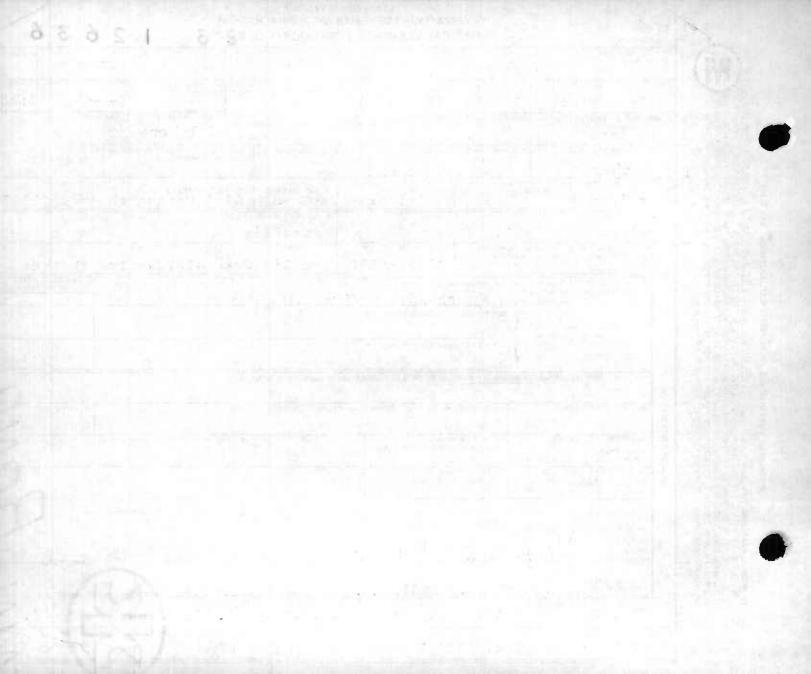
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DECEASED NAME

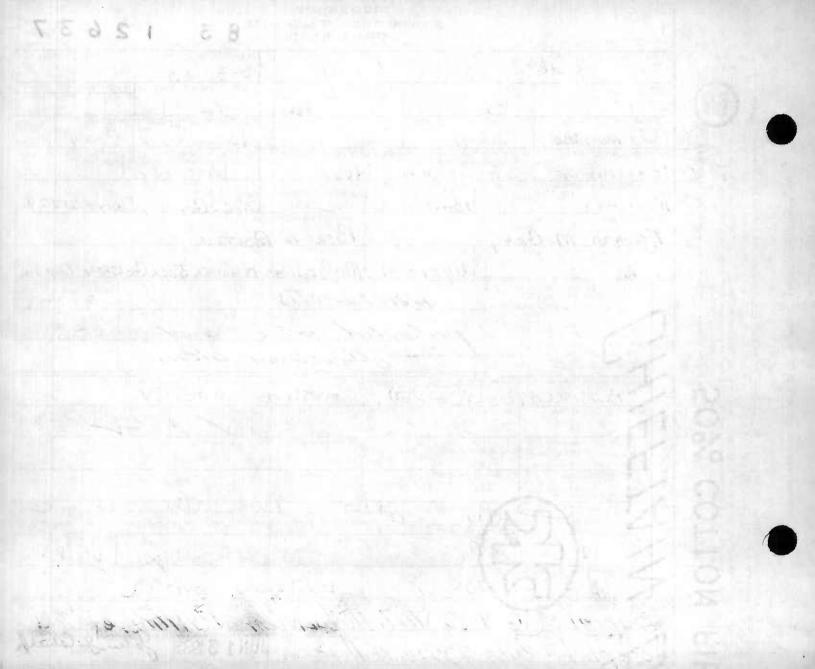


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20M 4/82



	1			STATE OF MARYLAND			
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2		CEASED NAME OR PRINT)	MIDDLE	CT OU	20. DATE OF DEATH	MONTH DAY YEAR 26. HC	OUR
	2.65			Is. DATE OF BIRTH	5-30-83		DER 24 HR
11)	3. SE	F	RACE	MONTH DAY YEAR	72	YRS.	
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ified of	10. C	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b. KIND OF BUST OF WORKING LIFE) INDUSTRY	INESS C
674		ASTIMORE	LUTHERA		KETI	REO	
must b	130.	AL RESIDENCE (IF NURSING HOME) TATE 13b. CC			3702 Garage	STALL DRIVE 212	229
aminer	14. F	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST	
S .	E	VAS DECEASED EVER IN U.S.	ARAC	SECURITY NO. 17 INFORMANT	BOSTICK, ADDRE	99	
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, or of			(c)	TO DEATH BUT NOT RELATED TO THE TEL			
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ows on	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	YES NO	206/IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	EATH?
Item 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
or Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
rked	2	AT WORK AT WORK	TAL HOME, STREET, PACTORY, OF	FICE, PARM, ETC.)	-/2		
S HO		saw the deceased alive		8-2	on death occurred on the d	ote and hour and from the causes	stated
Hem 2	3	22b. SIGNATURE	not) view the body ofter death.	DEGREE		22c. DATE SIGNE	ED
±		14 0	(0) (1)	ATTENDING PHYSICIAN			3
MPORTAN	1	22d. PHYSICIAN'S NAME (TY	KUS (HWY)	22e ADDRESS LUNK	now jobs P	ino	
<u> </u>	23a	BURIAL, CREMATION, REMOV	AL 236 DATE 4-83	P34 NAME OF CEMPTERY OF CREMATOR		It county of	25
Trail.	24. 8	JNERAL DIRECTOR	001001	250. D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	-
4/82		seph L.	Vuss 225	5 W North Are	JUN 1 3 1983	John of lot	hel



STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR					DEI ARTI	CERTIF	ICATE OF DE	ATH	8	REG. NO		2	6	3 8	
		EASED NAME DR PRINT)	Fred		J.	Gr	ay		20. DATE OF	DEATH	5 5	2	YEAR 83	7:39a	
12	SEX	M		B/n c			DAY	YEAR 7	6. AGE (INY	5-	YRS.	MONTHS		IF UNDER 24 HRS HOURS MIN.	
	CC	THPLACE (STATE DUNTRY)	24	2150	WHAT COUNTRY?	MARRIE		RCED 🗌	9 BALTIMO	CTIME		Co	Ty	MD	
0	-	A C TIME			OSPITAL, NURSIN		AUSTIT		TYPE OF WOR	CCUPATION FOR MOST OF	WORKING L	IFE) IND	LISTRY	BUSINESSOR	
	3a. ST		136 COUN		GIVE RESIDENCE BEFOR	/NI	13d. INSIDE CITY	LIMITS?	130. STREET	ADDRESS	400	اكرا		4.	
NC "	FAT	HER'S NAME	GR	AIDDLE 4	LAST		15. MOTHER'S A	AAIDEN NAA		MIODLE	0		2/-	223	
1 10		AS DECEASED EV		MED FORCES?	16b SOCIAL SECT	URITYNO.	17. INFORMANT	16 Tm	ICMP	S ON	31	8 m	of h	101145	
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	٤	WHILE NOT AT WORK	URRED WHILE WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, I	FARM, ETC)	21f. LOCATION STREET	on.		CITY OR TOW	112	col	UNTY	STATE	
			ased olive on	F-7	19_	83, on	d that in (my) (o	19 <u>8</u> or) opinion d	to	d on the da	te and ho	ur ond fr	om the c	hot (I) (we) lost ouses stated	
		226 SIGNATORE	ener	re	Zeile	un		ENDING _	MEDICAL DIRECTOR	STAFI		22	C. DATE S	1GNED	
1		22d. PHYSICIAN'S	NAME (TYPE OF	PRINT))	300	22e ADDRESS				9				

DHMH - 16 50M 4/B2

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(VRA 15, 4)

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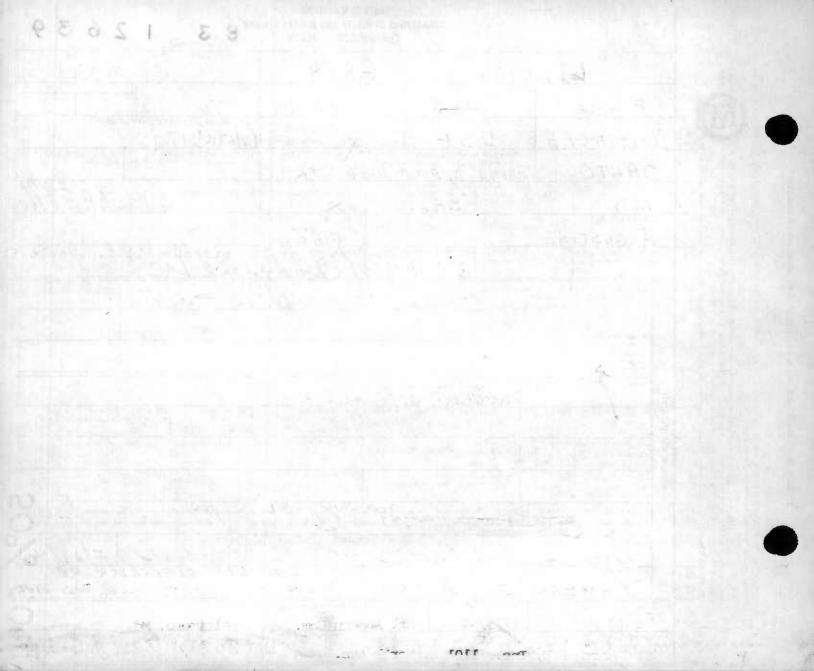
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23c. NAME OF CEMETERY OR CREMATORY MARUOURN

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JUNE 6 LE 1		# 4 per fam	43.C.	STATE OF MARYLAN	ID			
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deoth deoth	(TYPE	CR PRINT)	LIAN	GRAY			5 2	1 83 10 30 A M
	3. SEX	Female	RACE WHITE Black	5. DATE OF BIRTH	67	76	YRS.	S DAYS HOURS MIN.
1	Pa. Bil	RTHPLACE (STATE OR FOREIGN)	b, CITIZEN OF WHAT COUN	MARRIED LI NEVER MA	ARRIED BALTI	TO 17	COUNTY OF D	EATH MD.
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filled in	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUNT		BEFORE ADMISSION) TOWN 136. INSIDE CITY YES 1	Y LIMITS? 13e STRE	ET ADDRESS	3117-	XHITEHVE
and 2 sh	14. FA	THER'S NAME AUGUSTINE	IDDLE LAS	15. MOTHER'S A	MAIDEN NAME	WIDDLE		LAST
Pages 1	16a V	VAS DECEASED EVER IN U.S. ARM	VAR OR DATES) 16b. SOCIAL	SECURITY NO. ITRIE ORMAN	Harold We	t stor	ર્ક 611 ક	S. CharlesS
n signed by the attending physicia Then please remove carbon popers To burial, cremation, ar removal- injury, or ather traumatic event, the		PART I. DEATH WAS CAUSED Solutions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	BY:	sary treat 1	return	> sep	ssy	APPECAMANT MPTEYAL BITWEEN OMST AND DEATH
been signer rmit. Then pl prior to buri any injury, o	MOIT	PART 2. OTHER SIGNIFICANT CO	motople	CO DEATH BUT NOT RELATED TO SCHOOL THE SCHOO		UTOPSY?		PART 110 RE FINDINGS USED
icate has bee ronsit permit. Hygiene pria 18 shows any	CERTIFICATION				YES [] NO[]	IN CERTIFYING YES	CAUSES OF DEATH?
buriol-tr Mentol or Item	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	1 DAY YEAR 19 211 LOCATION	URY OCCURRED (ENTE	CITY OR TO		OUNTY STATE
for use as for use as of Health		22a. I certify that (I) this hospite sow the decease of the on-	- movement	ond that (my)	, 19_5, to aur) apinion death acc	urred on the do		
FUNERAL DIRECTION by the State Dept. ORTANT: If Hem		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	E. Bu	DEGREE AT PH 220. ADDRESS		OR PHYSIC	F /	5/21/83
TO FUNERAL should be det with the State		DAMEAN		RHESS SUI	TE 10,	CATON		ma 21219
	(Burial, cremation, removal (specify) Purial	23h. DATE 5/25/83	23c. NAME OF CEMETERY OR CR		OCATION CITY OF TOWN	e. Md.	INTY STATE
P		JNERAL DIRECTOR	, ,, 20, 03	RESS _	25a. DATE REC'D.			SIGNATURE



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- STATE

REGISTRAR L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

WIDOWED

2a DATE OF DEATH

6 AGE EIN YEARS LAST BIRTHDAY

PEG NO

66

MONTH

IF UNDER 1 YEAR

26 HOUR

IF UNDER 24 HRS

arelv. Jr. 5. DATE OF BIRTH

08

6

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED

DIVORCED [

BACTIMORE (TYPE OF WORK FOR MOST OF WORKING LIFE)

12b. KIND OF BUSINESS OR INDUSTRY

retucil 13e STREET ADDRESS

210

21213 (HATHAM ST.

BATHKOKE

curs

13d INSIDE CITY LIMITS?

NO

15. MOTHER'S MAIDEN NAME

Mary E. Green 1210 N. Chatham Street

18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Electro mechanical cardiae failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which (b) ASCVD	
gove rise to immediate cause (a), stating the underlying cause last. DUE TO, ORAS A CONSEQUENCE OF Mellitus (c) Diabetee Mellitus	

19

211 LOCATION STREET

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

CITY OR TOWN

and that in (my) ((aur) opinian death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN !

22e. ADDRESS

DEGREE

OSPITAL 23c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN

77. DATE BIGNET

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR Wm Came March F/H Inc. 1101 E North Ave.

BURIAL 5/12/83

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

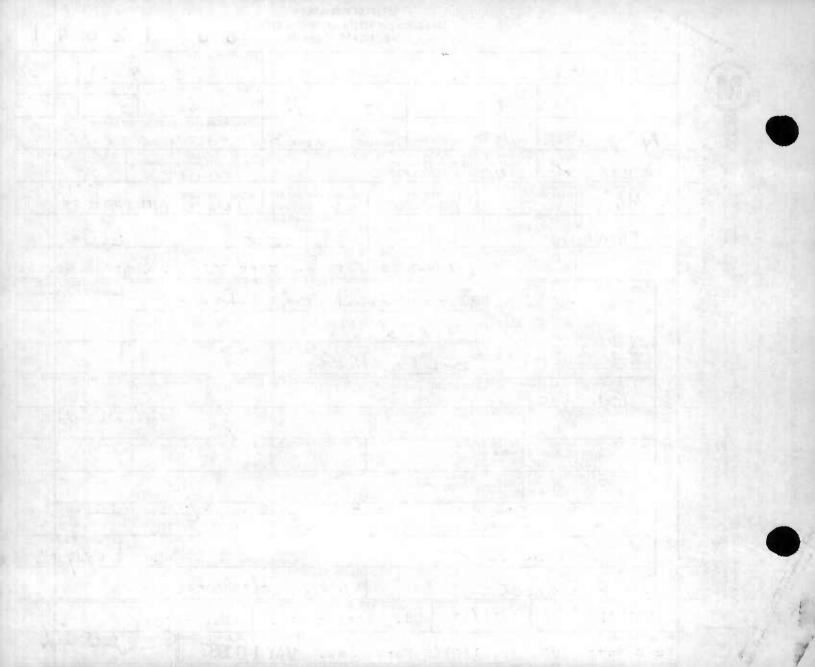
Md. Veteran Cem.

23d. LOCATION Crownsville

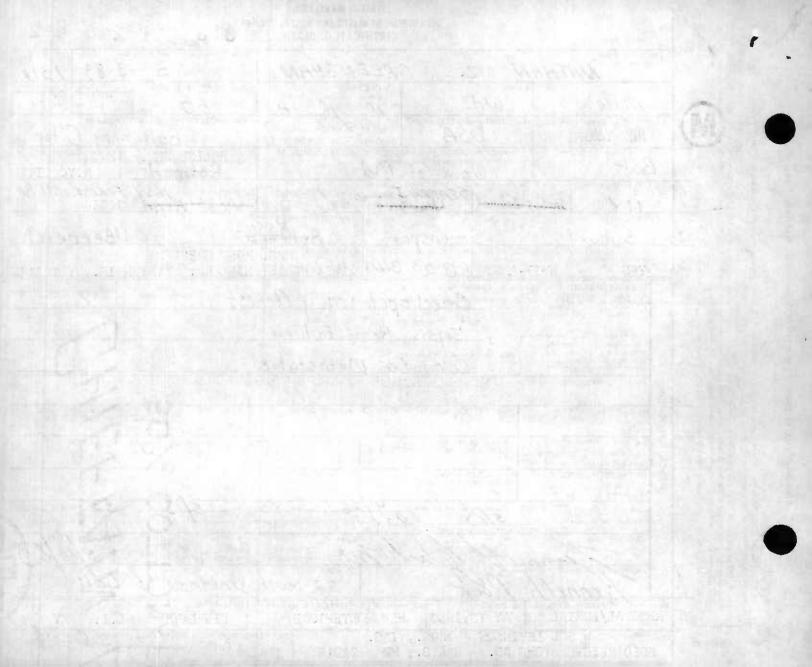
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250. DATE REC'D. BY REGISTRAR IST REGISTRAR ISSIGNATURE

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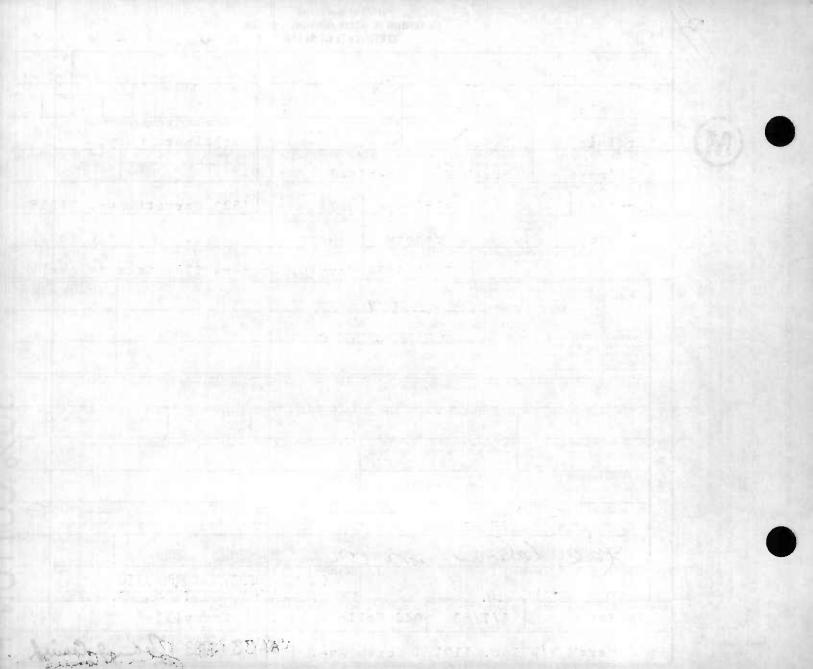


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) PATHAN 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Male BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED WEVER MARRIED NEW YORK Saltimore DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY N.Y. CITY USUAL RESIDENCE (IF NURSING OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13ª STREET ADDRESS 1654 FOREST 15 XD4 PREAMONS & LE LING. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE . MIDDLE 1/Berreich reenspan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) HILL RD STATEN YES WWII-ARMY 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 224 DATE SCHED DEGREE MEDICAL ATTENDING FUNERAL old be deto PHYSICIAN DIRECTOR MPORTANT NAME (TYPE OR PRINT) 228 ADDRESS Greene shoul with 0 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL/BURIAL MAY 15,1983 NEW MONTEFIORE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S CIGNAT DHMH - 16 50M 4/82 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)

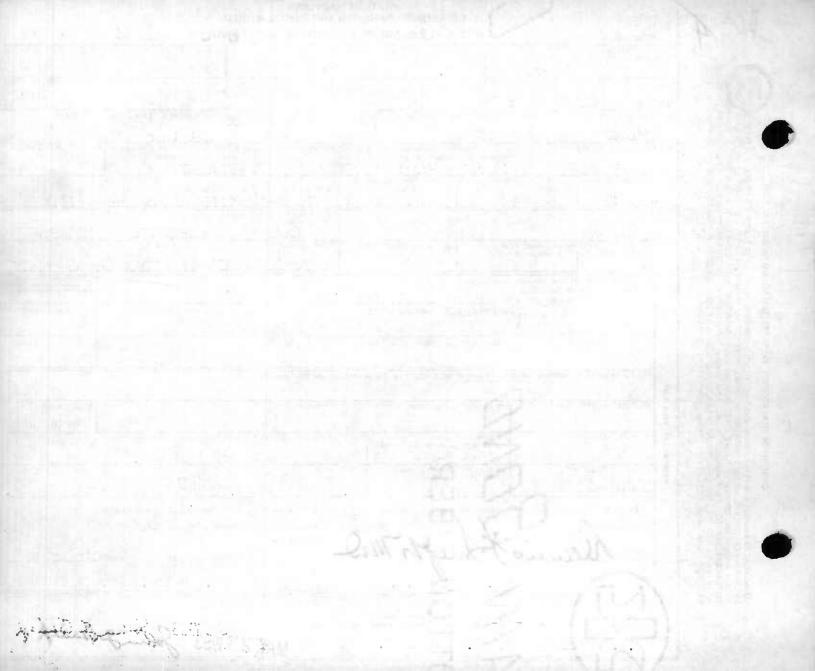


W. PRESTON ST.

DIVISION OF VITAL RECORDS, 201



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 20. DATE KNOWN KT (TYPE OR PRINT) ESTI-Edward DEATH MATED Grimes 83 4. RACE 5. DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR PRONOUNCED 6:29 DEAD malo BLACK 65 To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? RAITIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) MARYLAND US DIVORCED WIDOWED Baltimore City D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore STUDENT University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY MARYLAND BALTIMORE PARK AVENUE NO [2122 21217 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LASI FIRST UNKNOWN RAYE BERNETTE HERBERT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO MARJORIE PURVEY 2122 PARK AVENUE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE IRIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURIAL, YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BET AFTER DÉATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR-TO BUI 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR & M. MONTH DAY YEAR UNDERLYING OR P.M. 5-17-Subject ran in front of van. CONTRIBUTING CAUSE OF DEATH 1983 21f. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK 2nd Ave. . Sykesville. Carroll Md. road 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Homicide Suicide Undetermined manner TITLE (SPECIFY) DATE 5-18-83 Assistant EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St., Balto., Md. 21201 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY MARYLAND BALTIMORE BURTA ARRHTUS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** NAME. L. PHILLIPS 1721 NONROE ST. (VR A15 ME (5)) 20M 4/B2



20M 4/82

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CERTIFICATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NESS OR

	REGISTRAR		CERTIFICATE OF DEATH	8 SEG. NO.	204
	1. DECEASED NAME FIRST TYPE OR PRINT) HEZE	tiah	Gross	2a DATE OF DEATH MONTH	23 83 9
ļ	Male .	Black	5. DATE OF BIRTH MONTH O.3 O.5 O.5	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UND
)	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	Y OF DEATH
1	Baltimore	(IF NOT IS NOW FACILITY OF STREET A		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSI INDUSTRY
)	USUAL RESIDENCE (IF NURSING HOME O 13a, STATE	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE, INTY 131. CITY OR TOWN Balti	ADMISSION) 13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 201 N. Broa	dway 2123
1	14 FATHER'S NAME FIRST Hezekiah	MIDDLE LAST Gross	15. MOTHER'S MAIDEN NA	Muriel	Johnson

160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 213-05-0877 Clarence F. Gross 3402 Springdale Ave NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH :Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY Probable Preumona Conditions, if any, which gove rise to immediate cause (a), stating the

DUE TO, OR AS A CONSEQUENCE OF underlying cause last

LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

(our) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

NOT WHILE 220.1 certify the other this hospital) attended the deceased from

20b. IF YES, WERE FINDINGS USED

COUNTY

DEGREE ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

STATE

ION, REMOVAL

190 DATE OF OPERATION

230 NAME OF CEMETERY OR CREMATORY Mount Calvary Cem.

22e ADDRESS

Bayletinmore

COUNTY CO, MOTATE

24 FUNERAL DIRECTOR

Wm CAMMarch F/H Inc. 1101 Es North Ave.

23 5 / 28 / 83

250. DATE REC'D. BY REGISTRAR 1116 6

DHMH - 16 50M 1/81 (VRA 15, 4)

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N Same District of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

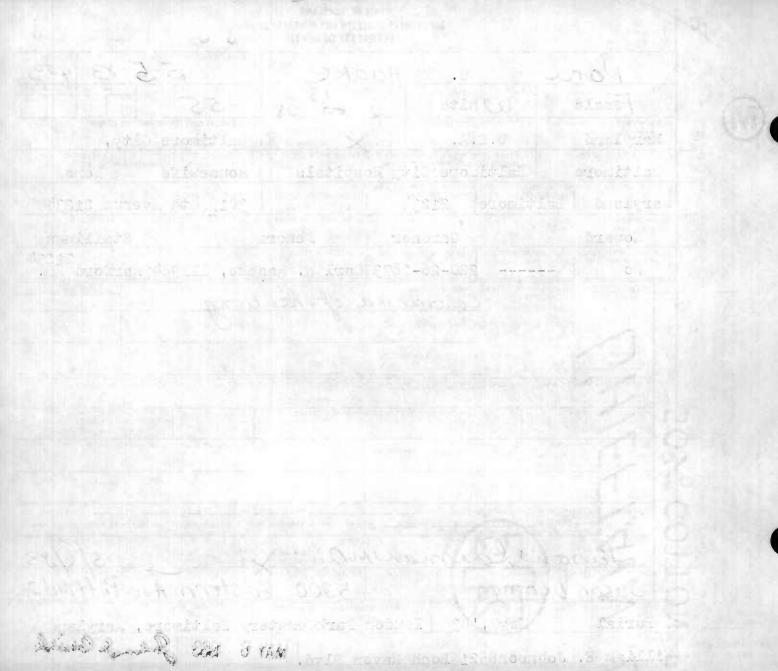
		REGISTRAR				CERTI	ICAIL OI	DEATH	R	EG. NO.	3300		
		CEASED NAME	FIRST		WIDDLE		LAST	3	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR	
	(ITPE	OR PRINT)	Ilia	400	N ORRIS	5 /	carle			5/	0/83	900	
	3 SE	х	7 7 00	4 RACE	Order	5. DATE (OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
B	2	MALE		WHIT	Е	7 MONTH	27	1914	68	YRS.	MONTHS DAYS	HOURS MIN.	
72	Ta. BI	RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8.	NEVED	MARRIED .	9. BALTIMORE C	ITY OR COUNTY	OF DEATH	1000	
7		altimore, M	4D	U.S	.A.	WIDOWE		NORCED	BALTIMO	RE CITY,	MD	MD.	
1		ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSI	NG HOME		NOITUTION	12a USUAL OCC		12b. KIND C	OF BUSINESS OR	
	BAI	LTIMORE	1		ORE CITY		TALS		ELECTRL		CAR M		
23		AL RESIDENCE HENURS	136 COUN	OTHER INSTITUTION	130 CITY OR TO	RE ADMISSION)		CITY LIMITS?	13e. STREET ADD	DECC			
6	M	ARYLAND	BALTI		DUNDALI		YES	NO 🔀		ndalk Ave	e 2122	2	
7	14 FA	THER'S NAME					15. MOTHER	'S MAIDEN NAM	ΛE		- 2122		
1/	т	OHN FIRST		TITAM	GROV	7E	LOR	FIRST		EE.	WHEE		
1	-	VAS DECEASED EVER			16b SOCIAL SEC		17 INFORM			ADDRESS	VVITEA	TICIK	
6		NO OR UNKNOWN)		WAR OR DATES)	705-09-2			HINE E.	GROVE	(same as	13e)		
		18 CAUSE OF DEATH	H (Enter onl	y one couse pe	line for (o), (b), o	nd (cl.)					APPROX	MATE INTERVAL ONSET AND DEATH	
	1	PART I. DE ATH W	AS CAUSED	BY: CAUSE (0)	P .	rator		ass L			DETTYLEN	ONSET AND DEATH	
	100	4250	IMMEDIAII			/	y ar						
4		C- D- d	1.1	DUE TO, O	R AS A CONSEQU	JENCE OF							
		Conditions, if ony, which (b) to immediate											
		underlying couse		DUE TO, O	R AS A CONSEQU	JENCE OF							
				(c)									
	z	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS C	ONTRIBUTING TO		- 4	. 1	NAL DISEASE OR	CONDITION GIV	EN IN PART 1	0	
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/	ICA	190 DATE OF OPERATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			NGS USED		
	CERTIFICATION							YES NO	YE:	s 🗌	NO		
h	CE	OR CONTRIBUTING C		21b. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE O	OF INJURY IN ITEM 18 P	ART I OR PART 2)		
4	CAL	(IF EITHER NOTIFY MEDIC	Choose of Death			19							
Ą	MEDIC	21d. INJURY OCCURRED		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM,			21f. LOCATE		CIT	Y OR TOWN	COUNTY	COUNTY STATE	
	2	AT WORK NOT WHI	ILE	(A) HOME SII	REET, FACTORY, OFFICE,	FARM, ETC.)	SINCE		CII	ORTOWIN	COOINT	STATE	
		22a. I certify that (1)	this hospite	ottended th	e deceased from.	3/17		19 83		9	19 83	that (I) (we) last	
		saw the deceased alive on 5/14 19 £3 , and that in (my (our) opinion death accurred on the date and hour or above (1)/we) (did)/(did not) view the body after death.									ond from the	couses stated	
		22b. SIGNATURE	Id Maid Hot	view the body	offer death.		DEGREE				22c. DATE	SIGNED	
		Fan	201 5	7	1. 11.		Mark.	ATTENDING	MEDICAL	STAFF	57	1.	
	119	22d PHYSICIAN'S NA	ME ITYPE OR	PRINT)	un ay		22e ADDRES	PHYSICIAN [DIRECTOR P	HYSICIAN	1/2	183	
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		URIAL, CREMATION, I	KEMOVAL	23b. DATE			EMETERY OR		23d LOCATION	WN	COUNTY	STATE	
		BURIAL		5/23/	T983 M	CADOWR	IDGE M	EM. PARI	K ELKRID	E HO	DWARD	MD	

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME BROOKS BRADLEY, INC. BALTO. MD

MAY 24 1985 John Land Colored

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V						STAT	E OF MARYLAND					
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212	USU 13a.	AL RESIDENCE (IF NURSIN	G HOME OR	OTHER INSTITUTION G	IVE RESIDENCE BEF	DRE ADMISSION)	13d. INSIDE CITY LIA	MITS?	3e. STREET ADDRESS			
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RYL with with d 2 and d 3 and	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	
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icol icol	160	WAS DECEASED EVER IN		MED FORCES?	6b. SOCIAL SE		17. INFORMANT		ADDRESS	ALL		21234
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thot by ease of, cr		underlying couse	lost.	(c)		02.102.01				53-11		
s, 201		PART 2. OTHER SIGNI	FICANT	ONDITIONS COM	TRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CONDIT	ION GIVE	IN PART 10) ;
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OR Per		32F ENGWATONE	1	00 00	11.		DEGREE	DINIO	MEDICAL CTAFF		The DATES	IGNED
TAL O y the RAL D defac late Do		John	u.	pounts	- 14. L).	PHYSIC	ICIAN [MEDICAL STAFF	X	3/3	1/83
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7 5 5 4 3 ₹	23a.	BURIAL, CREMATION, RI	EMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	STATE
BP		Burial		6/3/8	3	Loudor			Baltimo			d
DHMH - 16 50M 4/B2		UNERAL DIRECTOR			_ ADDRESS			250-19 4 VE	PEC'D. BY REGISTRAR 256	GISTRA	R'S SIGNATU	JRE
(VRA 15, 4)	1	Leonard J. I	Ruck	Inc., E	altimo	re, Mai	cyland	0011	0 1 1903	van	ميا مال	Auch 1

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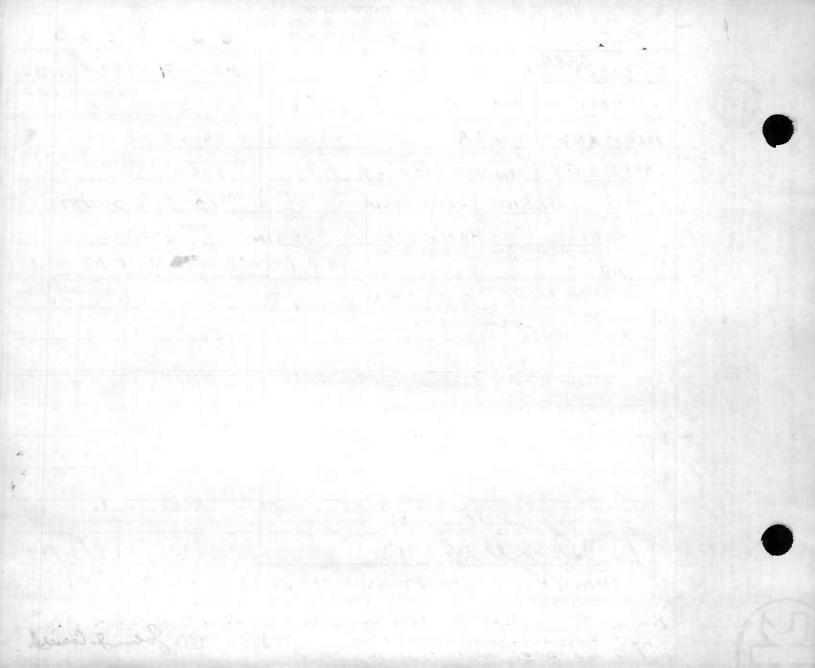
PENNA, AVE, HAGERSTOWN, MD. 21740

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Leroy O. Dyett 4600 Liberty Hgts. Ave

(VRA 15, 4)

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nding physician and campletely filled in by the funeral director, page 3 carbanpapers. Pages 1 and 2 should be filed within 72 hours after death 1, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REO. NO.	1	2	6	5	3
-						_

KEGISTKAK				CERTIFIC	ALE OF DEA		REG. NO		6	
1. DECEASED NAM	E FIRST	M	IDDLE	LAST			20. DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
(TIPE OR PRINT)	WALTER	}	M.	HA	MRIC			28	-83	1:45
IN-EX	1	RACE		5. DATE OF			6. AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24
Male	A-1/5 (A)	Whi	te	11	13.	04	7980	YRS.	NTHS DAYS	HOURS
BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF W	VHAT COUNTRY?	8.	NEVER MAR	DIED []	9 BALTIMORE CITY OR		FDEATH	
W. Virg	inia	U.S.	Α.	WIDOWED			Baltimon	e City	7	
10. CITY OR TOWN		1. NAME OF H	OSPITAL, NURSIN			TION	120. USUAL OCCUPATIO	N	126 KIND O	F BUSINESS
Baltimo:	re e	St. Ag	nes Hosp	ital			Foreman	WORKING LIFE)	industryB tee1	Ship
USUAL RESIDENCE	(IF NURSING HOME OR C	THER INSTITUTION, C		E ADMISSION)	d. INSIDE CITY	I IAA ITS2	13e. STREET ADDRESS	100		
Maryland			Baltimor				1015 Desot	Road	2122	3
14 FATHER'S NAM		IDDLE	LAST	15	MOTHER'S M.		AE MIDDLE		LAS	
_	son	10010	Hamri	c		issa	MIDDLE			nknow
160 WAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	JRITY NO. 1	7. INFORMANT		ADDRES	S		ALEVANO II
YES, NO OR UNKN	JWN) (IF TES, GIVE	WAR OR DATES)	218-07-3	8869	Pearle	Hamri	c 1015 Desc	to Ros	ad 21	223
18 CAUSE C	F DEATH (Enter only	one couse per l	ine for (a) (b) an	dien					APPROXI	MATE INTERVA
PART 2 OTH			NTRIBUTING TO I				NAL DISEASE OR COND	20b. IF YES, W	VERE FINDIN	IGS USED
RTIFIC		3 277					YES NOSE	IN CERTIFYIN	NG CAUSES	
OR CONTRAINING	WAS UNDERLYING [] ING [] CAUSE OF DEAT TIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M P.M	MONTH D	AY YEAR	PIC HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
(IF EITHER NO 21d IN JURY	NOT WHILE AT WORK	21e. PLACE O	PF INJURY ET, FACTORY, OFFICE, F		If LOCATION STREET		CITY OR TOW	Ν	COUNTY	STAT
22a.1 certify	that (1) (this hospita		deceased from_	5-2	/	0 83	_, to	, 19.	83	that (I) (w)
sow the obave, (deceased alive on_ (we) (did) (did nat)	view the body o		ond,	that in (my) (ou	r) opinion d	eath occurred on the dat	e and hour o	nd from the	couses state
22b. SIGNAT	acha	eloni	7	DE		NDING SICIAN	MEDICAL STAFF	AN DO	22c. DATE:	SIGNED P
22d. PHYS	SNAME (TYPE OR	PRINT)	W-3 -	12	Ze ADDRESS			1		7 - 2
K	. MACHI	400 N	10-		ST AS	Nes	HOSPITAL	1, 1314	cr- 11	nd.21
230 BURIAL, CREM		23b. DATE			NETERY OR CRE		23d. LOCATION		OUNTY	STAT
Bı	rial	6/1/83	Lo	udon P.	ark Cem	eterv	Baltimore			Marv1

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL

BP

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other troumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remove carbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

74 FUNERAL DIRECTOR
ADDRESS 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

MAY 31 1983 John L. Coming

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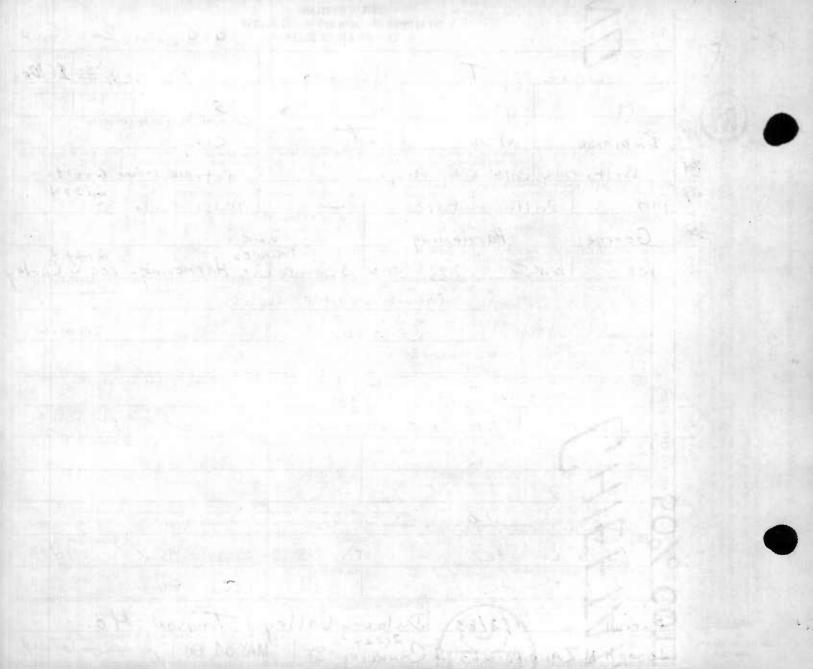
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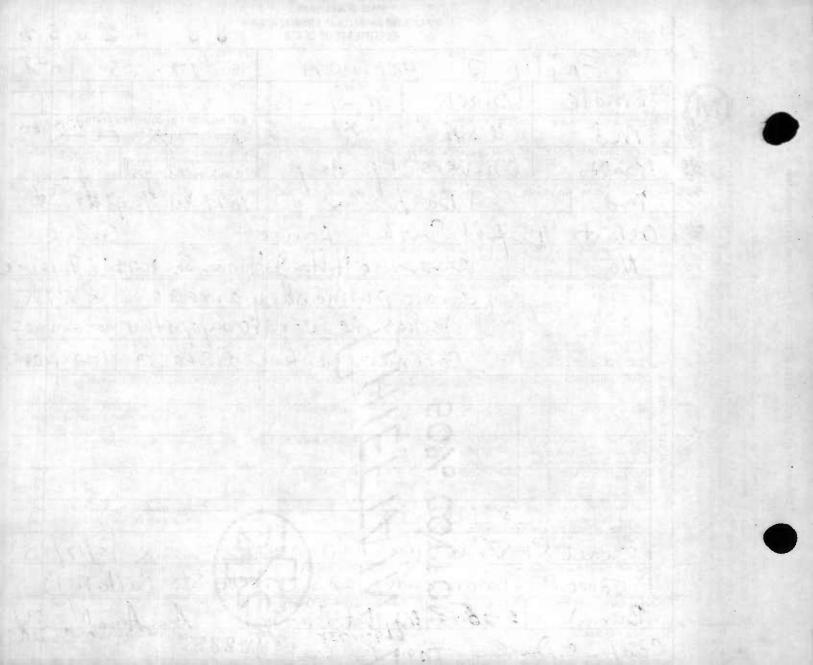
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				STATE OF MARYLAND		
W	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY		2 6 5 6
a d	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2000
AT.		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
200		David	1.	Harmening	05 30	W # I IDFM
	3. SE	X	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	ONDER 1 YEAR IF UNDER 24 HRS
- Bay		M	W	05 07 98	85 YRS.	
3 PRIVATO	7a B	IRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? B MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
	1	ENDIANA	USA	WIDOWED DIVORCED	City	MD.
offer d	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
S	1	Balto City	Balto City H	Sp	ROT, ELECTRICIA	1/ -
21.	USU 13a	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ORE ADMISSION) WN 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21224
AND 2 1 24 h 1 24 h 1 24 h 1 24 h	M		ilto Balt	YES NO	100 s Curley	57
RYL,	14. F/	ATHER'S NAME	MIDDLE ## LAST	15. MOTHER'S MAIDEN NA	ME	LAST
MARY ed with ond 2		George	Harmening		NK .	(ASI
MORE,		WAS DECEASED EVER IN U.S. AR			ICE'S ADDRESS	21224
		Ves WW		4056 2 Smiyock	i - Harmening -	100 S. Curley
SALTI ote b sicion pers.		18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., E		PART I. DEATH WAS CAUSE	ED BY: (TE CAUSE (0)	DIOPULMON ARY AR	LREST	20 410
	197	7/20	DUE TO, OR AS A CONSEC	UENCE OF		
death c death c offendin	91	Conditions, if any, which	((b) A	SPIRATION		20 MIN
the remover the	1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF		
thot d by ease ol, cr	18	underlying couse lost.	(c)			
S, 26 gnec en ple buril	_			DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	N IN PART 110
PRD: sen si	ē		STIVE HEART	FAILURE		
RECORDS, low requir. los been signoremit. There exists to be	CA	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
Al The	CERTIFICATION	5/06/85	CARCREN		YES NO YES	
OF VITA CIAN: T physici physici ol-tronsi atal Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		
DIVISION NG PHYS of the office of the burget of the orked or the orked	MED	21d INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE	, FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI No office of the orke		AT WORK AT WORK				
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A de la faction			ot) view the body after death.	, and that in (my) our) opinion	death occurred on the date and hour o	
OR he he	3	22b. SIGNATURE	usar	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RAL detector			2 110	PHYSICIAN [DIRECTOR PHYSICIAN	3/39/83
OSP ed b d be she S		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e. ADDRESS	1-71- 6-101	
O HOS O HOS No H		0.000	u SATC	13017	SIDT, SURC.	
9510	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	CONTY STATE
BP/ FT	1	arial	6/2/83 1	Julaney Valley	TOWSON ,	10.
DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR	WIND-263 S.C	1 001 00 1	TE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	7	oseph N. LANI	NIND-263 S.C	ONKLING ST. 1	NALOT BOS	0





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2n. DATE OF DEATH MONTH TYPE OR PRINT ROBERT Earl HARP 4 RACE 5. DATE OF BIRTH 6. AGE HNYEALTH ARTHDAY IF UNDER 1 YEAR IETINDER 24 MRS 3. SEX Male hite 78 19 04 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED [Balto CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF INDUSTRY BALTIMORE Foreman Glennt. Marti SAMARITAN HOSPITAL GOOD USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY Balto. 3112 Kenyon 21213 13g. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Lill lan Tilis Harry Harp ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 215-05-0403 Doris Harp 2 Dowling Circle Apt.T-1 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIO - PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF HEMORRHAGIC TRACHED BRONCHITIS & PNEUMONITU Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF SEPTIC underlying cause last. SHOCK PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E CONGESTIVE HEART CERTIFICATION TRACHED-BRONCHITIS & PNEUMONITY. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 4.7.83 DRAINAGE OF PELVIC ABCESS NO TA 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 2.21. 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (and not) view the body after death DEGREE 22c. DATE SIGNED 22h, SIGNATURE ATTENDING MEDICAL 5.8.83 mp PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should be SAMARITAN P.RAJARAM, MD BALTIMORE, 23d. LOCATION 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Balto, Md. Burial 5-11-83 Moreland Mem. Park 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Schrimunek Funeral Home ADDRES Inc. (VRA 15, 4) 3331 Brehms Lane, Baltimore, Md.

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